FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessory, please execute the certificate writing the word "pending" in pendi in Item, 18. Give Pages 1. 2, and 3 to the funeral director. Page 4 should be forwed the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yolles.

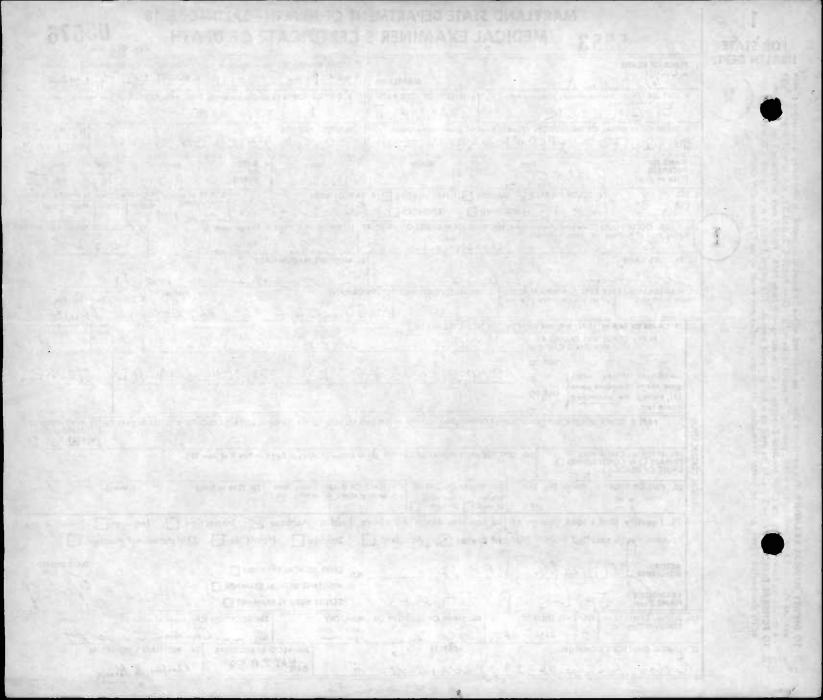
TO FUNERAL DIRECTOR Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Cealth, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINED'S CEDTISICATE OF DEATH

115578

	5583 MEDICAL EXAMINER.	Reg. Dist. No.
•	1. PLACE OF DEATH O. COUNTY APEDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY LAND b. COUNTY BALTIMORE
,	b. CITY OR TOWN (if sutside corporate limits, write RURAL and give negrest fown)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
/	FREDERICK TRANSIENS	BISTIMORE 3VOI-4
7	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) EN ROUTE FREDERICK MEM. HOSP.	2319 WASHINGTON BLVD C. IS RESIDENCE ON A FARMY YES NO DE
	3. NAME OF DECEASED (Type or print) RUSSELL H Middle	NOREWS 4. DATE Month Doy Year DEATH May 17 1959
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	AUG. 13, 1912 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HR
	Da. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) RUCK DRIVER Assa Francisco	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 25 4 5 5 7
_	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NORMANT Address O T
	(Yes, no, or unknown) (If yes, give war or dates of zervice)	in forman coly
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	Strongs Gendlery July Balang Strong
	PART I. DEATH WAS CAUSED BY: MYOCARDIAL	INFARCTION, POSTERIOR 72 HRS
	420.1 DUE TO	CONTRACTOR OF TO UP
	Conditions. If any, which gove rise to immediate couse	ARTERY THROMBOSIS, RT. 72 HR
	(a), staling the underlying DUE TO	
2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH. NO WE	Enter nature of injury in Port I or Port II of item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I took charge of the remains described abo	ove, held an Autapsy . Inspection . Inquiry . and in m
	opinion death resulted fram: Natural causes . Accident	, Suicide, Homicide, Undetermined manner
	SIGNATURE aments. Nomes	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
2	EXAMINER'S TAMES B THOUGH	ASSISTANT MEDICAL EXAMINER (
	NAME (Type) JATILES D, ITTO MAS 220. BURIAL EREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	DEPUTY MEDICAL EXAMINER 2 CREMATORY 22d. LOCATION (City, town, or county) (State)
	REMOVAL (Specify) 3-20-1850 torco Ca	22d. LOCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY PEGISTRAR 24b. REGISTRAR'S SIGNATURE
	Coder Joulane 2339 Wash Bl	DAMAY 20'59 arthug & trans
	Bal	4630

VS. A15ME 5M 2/57



05577 5613 CERTIFICATE OF DEATH Reg. Dist. No with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY filed \ h COUNTY MARYLAND death. 0 b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN/IIf outside corporate limits, write KURAL and give nearest town) REFRAL and give negrest town d. NAME OF HOSPITAL (If nat in haspital, give street address) A STREET ADDRESS e. IS RESIDENCE ON A FARM? YES T NO D 3 NAME OF First Lost 4. DATE Manth Day Year DECEASED (Type or print) DEATH 19. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TI 9. AGE (In years lost bushdoy) IF LINDER 1 YEAR IF LINDER 24 HES 8 DATE OF RIPTH Months Days Hours WIDOWED DIVORCED [papers. YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life even if retired) pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 6 physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 420.0 **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. n. foctory, street, office bldg., etc.) While Not while at work of wark D. m 21. I certify that I attended the deceased from. .. 19 1 Athat I last saw the deceased D alive on and that death occurred M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) Ö DIRECT ACTUAL shauld PHYSICIAN'S NAME (Type) 220_BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or sounty) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 1 5 '59 VS A15 (4) 15M 9/55 arilon S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TEO . CERTIFICATE OF DEATH

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		22	84 CERTIFIC	AIE OF DEAIR			Reg. Dist.	No.	0.0
o. COUNTY	Frederi	ck	MARYLAND	2. USUAL RESIDENCE (WE O. STATE Mary)	-	b. COUNTY,	reder		nission)
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OR INSTITUTION	ederick Me		The second secon	/ d. STREET ADDRESS Plane	Four			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fire		Middle	Lost DE'AD	4. DATE OF DEATH	Man	th av	Doy	Year 19 50
5. SEX			RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER I Y		
female	white	WIDOWI	DIVORCED [6-14-1875		83 yrs.	Manths Do	ays Hau	rs Min.
00. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	one 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign c	country)	12. CITIZE	N OF WH	AT COUNTRY
house			own home	Penna			1	U.S.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN I					
	William	Bo	nd	Eleanor	Patt	erson			
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ress		
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)	N	Ars. Cliffor	rd Sn	vder.	same		
Canditians, if gave rise to couse (a), stating lying cause last PART II. O 20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIFE	any, which immediate g the under-		Myorand Certainsole CONTRIBUTING TO DEATH BU Disbette	entis He t not related to the term	art	Piscin	, PART 1	PER	AS AUTOPSY RFORMED?
	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	D. (Enter nature of injury in	Port 1 ar Par	rt II of item 18.)			
20c. TIME OF INJU	10	20d. It While of wor	Not while fo	LACE OF INJURY (Hame, farm actory, street, office bldg., etc	20f. (City	y ar tawn)	(Cou	unty)	(Stote)
21. I certify to alive on		deceas _, 18_S	ed from Fund (F, and that death	occurred at 2 /	M, from	m the causes a street, city or town,	nd on the		DATE SIGNE
PHYSICIAN'S NAME (Type)	Dr. Thomas	Б.	Stone	M.D. L West T	hird S	St.		5	/11/59
REMOVAL (Specif			22c. NAME OF CEMETERY			TION (City, town, o			Stote)
		27			4				
BURLAL 23. FUNERAL DIRECTO		129	Locust G:		4	derick			

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TO FUNERAL DIRECTO VS A15 (4) 15M 10/57

C. M. Waltz; Windfield, Maryland

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your idles.

TO FUNERAL DIREC. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death. 069

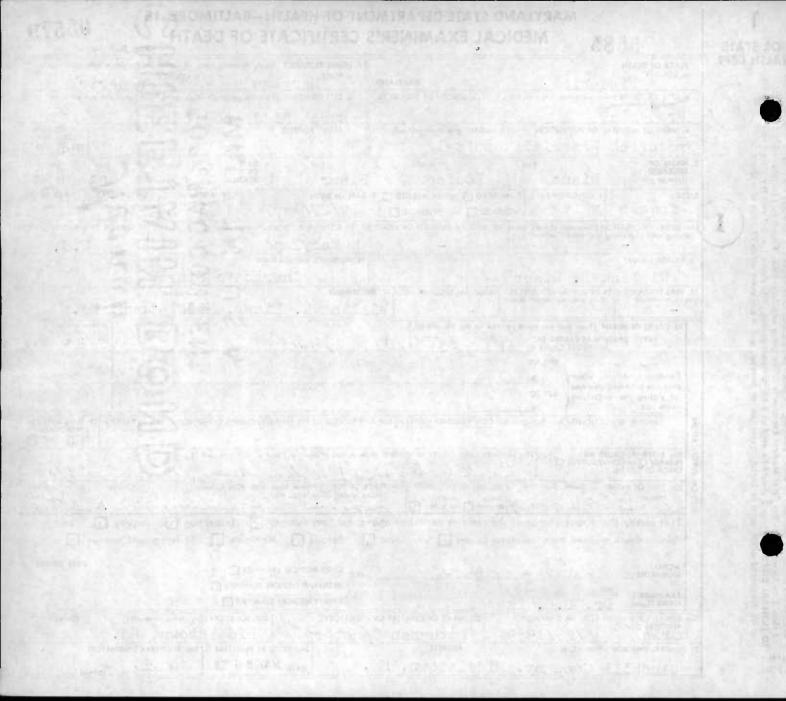
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	558	5 ME	DICA	L EXAMINE	:R'S	CERTIF	ICA	TE OF	DEATH	Reg. D	ist. No		
	PLACE OF DEATH					2. USUAL RES	DENCE (Where deceas	ed lived. If instit				ission)
_		derick		MARYL	AND	Trait Arange Frederick							
	b. CITY OR TOWN (If a and give negres) fown)	outside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR	TOWN (I	f outside corp	orate limits, write	RURAL one	give r	eorest to	wn)
	Frederic	k				XRura	1 Mi	ddlet	Own				
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address))	d. STREET A	DDRESS	-uu_u	N. WILL			e. IS R	ESIDENCE
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	NAME OF DECEASED	Fin	if .	Middle		Lost		4. DATE	Mon	th	Doy	1	reor
	(Type or print)	Diane		Louise	I	Biser		DEATH	5		2:	2 1	19 59
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	female	white	WIDOWES			12/27	/795	57	fast birthday)	Months	Days	Hours	Min.
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_				•••		Mar	y Lar	ld				U.S	
13.	FATHER'S NAME					14. MOTHER'S							
	William	n E. Bise	r				Cha	rlott	e Sine	S			
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT			Addres	1			
	-	yet. g		-	Wi]	lliam 1	E. E	Biser,	Middle	etown	. 1	id.	
	18. CAUSE OF DEAT	H [Enter only one cou	se per line	for (o), (b), and (c).		0					INTE	RVAL BETW	
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	couse lost.) (c)											
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FIC	20g. EXTERNAL CAUS	SE WAS 20	b. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	er noture of ini	ury in Po	rt I or Part II	of item 18.1			and infer	
ERT	PRIMARY TO OF CON	TRIBUTING [THE THE	. Inako.		day 1	21			-		.1.	11
	20c. TIME OF INJUR	Y Month, Day, Yes	1 204 1	NJURY OCCURRED 20	30.00	OF INJURY H			24 san		Z_Z unty)	brened	15 min
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	21. I certify the	at I took charge	af the r	emains described	above	e, held an	Autap:	sy 💟 , Ir	spection 🔀	, Inquir	y A	, an	d in my
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	SIGNATURE					M.D.		AL EXAMINE					
	EXAMINER'S NAME (Type)	r. B.O.	Thoma	9.5				EXAMINER [
220	BURIAL, CREMATION			22c. NAME OF CEMETE	RY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)		(Stot	•)
	REMOVAL (Specify)		59	Lutherar	1 Ce	emeters	7		dletown				
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIST		ISTRAR'S SIC		RE	
	Clashill	Compons	Mi	ddletown,	Md.		DATE A	MAY 2 6		Irilan S			
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5586 CERTIFICATE OF DEATH

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Reg. Dist. No.

	COUNTY	Frederi	ck	MARYL	AND	2. USUAL RESI	DENCE (WI	here decease	4 4 50	institution DUNTY	Residence	before o	dmission)
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d.	OR INSTITUTION	TAL (If not in hospital, g		Hospit 1		d. STREET A	DDRESS	7 4	pts				S RESIDENCE ON A FARM? ES NO
DEC	ME OF CEASED pe ar print)	Fir ,	st	Middle M	ıv	[3/=	74K	4. DATE OF DEATH		Month	27	Day 29	Year 19.59
5. SEX	T.	6. COLOR OR RACE	7. MARR	NEVER MARRIED		DATE OF BIRTI		Meir	9. AGE (In lost birth	ndoy)			UNDER 24 HRS
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(Yes, no	No voknown)	(If yes, give war or dates of s	1	0-10-5961	1/20	. Helen	т (["Sout!		
18	. CAUSE OF DEA	ATH [Enter only one co			T WLLS	a. Herei	1 10 (oyre;	Pred	HE I'LL	ck, M		AL BETWEEN
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CERTIFICO OD OD OD OD	R CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture a	if injury in I	Part I ar Por	t II of item	18.)			
WEDICAL 200	Hope a.m.	Y Month, Day, Yed	20d. It While of worl	Not while	Ge. PLA	E OF INJURY (Home, farm e-bldg., etc.	20f. (Cit)	y ar town)		(Co	ounly)	(Stote
21	1. I certify th	at I attended the	decease	ed from 23/	172	1, 195	Ž, to	29),	=1	959	that 1 la	ist saw	the deceas
a	live on 2	9 May	125	7_, and that a	death (occurred at	508						
			1	D.O.					treet, city ar				DATE SIGN
SI	CTUAL GNATURE	or serif	y. U	Carren.	м	.D	Pa	OF.	BLU	7		5	/29/59
	HYSICIAN'S AME (Type)	Robert	4.P	Gram			F	Es-Cu	-2004	6	Doce	d -	
22a. B	URIAL, CREMATIC	N, 22b, DATE THEREC	F	222. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	TION (City,	town, or	county)		(Stote)
KI	EMOVAL (Specify)	6 /2/59		Rocky Sp	ring	s Cemet	ery	R.F.D	.#7;FI	rede	rick,	Mary	land
	NERAL DIRECTOR		= 30.5	ADDRESS			Charles and the same	D BY REGIST			RAR'S SIGN		
Me	R. Etch	ison & Son	Fre	derick, Mar	ylar	id	DATE J	JUN 3	159	a,	rthun S.	thew	2

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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O MUSPITAL OR ATTENDING PHISICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital ar attending physician.	O FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the eral director,	page 3 should be the for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 sh. be filed with	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after delath.
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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Frederick Maryl and Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural Middletown days d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
Frederick Memorial Hospital d. STREET ADDRESS e. IS RESIDENCE 069 ON A FARM? YES NO NO NAME OF Middle Lost 4. DATE Month Day Year DECEASED Effie J. Bowlus (Type or print) DEATH 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours WIDOWED T DIVORCED T female 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? housewife own home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Duttow John Derr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address none Bowlus. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 12 days DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING TA CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred at 400 P.M. from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) burla. Lutheran Cemetery Middletown. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Gladhill Company, Middletown, Md. VS A15 (4) arthur S. Kraus DATEMAY 2 6 '59 15M 9/5S

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessory, please execute the certificate withing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to the companion,

or remavol.

VS. A15ME(5) 5M 9/55

				Keg. Dist. No.				
1. PLACE OF DEATH O. COUNTY Frederick	MARYLAND 2.	USUAL RESIDENCE (Where de o. STATE Maryla		tion: Residence before admission) Frederick				
b. CITY OR TOWN It outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16 Hour	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Frederick Memorial Hospital		d. STREET ADDRESS 814 North 1	larket Stre	e. IS RESIDENCE ON A FARMS. YES NOTE				
3. NAME OF First DECEASED (Type or print) RONALD	MONROE	BURDETTE DEA	3.5	Day Year 29, 1959				
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED	D NEVER MARRIED 8. DAT	reh 31, 1943	9. AGE (In years lost birthday) 16 yrs.	IFUNDER 1YEAR IF UNDER 24 HRS. Months Days Haurs Min.				
	rade School	11. BIRTHPLACE (Stote or foreign Marylar		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	CONTRACTOR OF STREET	MOTHER'S MAIDEN NAME						
William K. Burdet			I. Burgess					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] (If yes, give war or dates of service) No No 21 18. CAUSE OF DEATH [Enter only one cause per line for the control of the cause per line for the cause per line fo	3-40-4307 Mrs.	Eleanor 18t Pa	Address almer-Same	as Item #2				
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	cture of feels	is, both they	he Hothle					
PART II. OTHER SIGNIFICANT CONDITIONS COI 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	NTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINALDIS	EASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	HOW INJURY OCCURRED. (Enter 1	on Route 7	t II of item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 5/29 1959 White at war	Not while toctory, st	freat, office bldg., etc.)	City or town)	(County) (Stote)				
21. I certify that I taak charge af the redeath resulted fram: Natural causes			Inspection 22, Undetermined co	Inquiry \(\mathbb{D}\) , and find that ause \(\mathbb{L}\).				
ACTUAL SIGNATURE BOTHOMAS	M.c			DATE SIGNED				
EXAMINER'S NAME (Type) B. O. Thomas, M.D.		ASSISTANT MEDICAL EXAMINE	-	30 May 1959				
REMOVAL (Specify)	Pine Grove Cemet		CATION (City, town, or Mt Airy,	r county) (State) Maryland				
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fred	ADDRESS lerick, Maryland	24a. REC'D BY REC		TRAR'S SIGNATURE				

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ON A FARM? YES NO [

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DATE SIGNED

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural- Harmony Grove Rural - Harmony Grove Vrs. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION NAME OF First Middle Lost 4. DATE Month Day DECEASED Taylor Wilson Carmack 26 (Type or print) DEATH May S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) Months Days Male White WIDOWED Jan. 16-1900 DIVORCED [yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Farmer Water cress grower Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tillie Toms Wm. E. Carmack IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Q. f1. Not while of work ot work 21. I certify that I attended the deceased fram. 5/26, 1957, that I last saw the deceased and that death occurred at 4:30A.M. from the causes and on the date stated above. alive on_ ADDRESS (Street, city or town, stote) ACTUAL Professional Bldg. PHYSICIAN'S Frederick- Maryland Dr. James B. Thomas NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOYAL (Specify) Frederick Mem. Park W. of Frederick- Maryland Entombment 29-19 Mav 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Frederick, Maryland arthur S. Kraus DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTO then this certificate has been signed by the attending physician and completely filled in by the fight of director, page 3 shauld be detected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

	56	15 CERTIFIC	AIE OF D	EAIT	1		Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESID o. STATE		ere deceased li		_	e before adm derick	
b. CITY OR TOWN RURAL ond give Frederick-	(If outside corporate limits, write neorest town) -Rural-R.F.D.#4	c. LENGTH OF STAY IN 16				ral-R.F			own)
OR INSTITUTION	TAL (If not in hospital, give stree	t oddress)	/d. STREET AL		aville			e. IS I ON YES	RESIDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First DANIEL	MILLIAM	Lost CAS	TLE	4. DATE OF DEATH	Mont May		Doy 5,	Yeor 19 59
5. SEX Male	White WIDOV		8. DATE OF BIRTH Septembe:	r 10,		AGE (In years last birthday) O yrs.		YEAR IF UN Days Hou	NDER 24 HRS.
10a. USUAL OCCUPAT during most of wo Farmer	ION (Give kind of work done 10th orking life, even if retired)	Farm Owner		Maryl		lry)		SA	IAT COUNTRY
	aham P. Castle		14. MOTHER'S		DeGran	ige			
15. WAS DECEASED EV (Yes. no. or unknown)	(If yes, give wor or dates of service)		Mrs. Mary	в. с	astle-S	ame as		#2	
PART I. DE 42 2 2 Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO	Hyvecused Myycar	y Eder Poles aclo	Me THE	augh Belga ld L	Peule lear Select	S N IN PART	37 27	ups urs
20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	accelele -	SCRIBE HOW INJURY OCCURR	very cop	Cal	2oul			PER	AS AUTOPSY REFORMED? NO 1
20c. TIME OF INJU Hour o. m. p. m.	While		LACE OF INJURY (Hoctory, street, office	lome, form bldg., etc.	, 20f. (City or	town)	(Co	ounty)	(Stote)
actual signature	hat I attended the decea 1. 19 A. T. Brice, M.	The and that death			_M, from t	5, 1959 he causes at t. city or town, s	nd an the	e date st	
220. BURIAL, CREMATI REMOVAL (Specify Burial	ON, 226. DATE THEREOF May 8, 1959	22c. NAME OF CEMETERY CEM				N (City, town, o		Mary!	lote)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			AY 1 1 '59		TRAR'S SIGN		

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	b	CITY OR TOWN (RURAL ond give n Frederic		s, write c. LET	GTH OF STAY IN 16	c. CITY OR	TOWN (If		ote limits, write RU	.,		n)
069	d	OR INSTITUTION	TAL (If not in hospital, gi ck Memorial)	J. STREET	ADDRESS McK				ON	SIDENCE A FARM?
	D	AME OF ECEASED ype ar print)	firs JAM		Middle HENRY		STLE	4. DATE OF DEATH	Mont Ma		Day 28,	Year
		ale	111111111	WIDOWED [DIVORCED [6, 19	21	37 yrs.	Manths Day	_	DER 24 HRS. Min.
		Farming	ON (Give kind of wark d king life, even if retired)		of Business or Ind Owner		Maryl	and	untry)	12. CITIZEN	OF WHAT	COUNTRY
	13. F	ATHER'S NAME GOO	rge H. Cast	le		14. MOTHER		R. Co	vell			
			R IN U. S. ARMED FORG	ES? 16. SOCIA		informant irs. Bett	ty G.	Castle	-Same as		2	
			mmediate (arter	o), (b), and (c).] to Corr	mory to be	thr	dis	in	IN O	iterval bi NSET AND 3 - 4	DEATH CHANGE
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,		21. I certify the colive on	Jenry V		15/20		2:50A	•M, fram	eet, city ar town, s	nd an the d	ate stat	decease ed above ATE SIGNE 29/59
		PHYSICIAN'S NAME (Type) H BURIAL, CREMATIC REMOVAL (Specify)			NAME OF CEMETERY		erick,	Maryl 22d. LOCATI	and ON (City, town, or	r county)	(Stat	te)
0	23. F	Burial UNERAL DIRECTOR	's SIGNATURE	A	Jount Olive			Fred D BY REGISTR	erick.	TRAR'S SIGNAT	Maryl URE	and
de		M. R. Et	ehison & So	n, Frede	erick, Mar	land	DATE JU	N 1 '5	9 av	Chur S. Kr	aud	

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05587 5616 CERTIFICATE OF DEATH Reg. Dist. No director, iled with PLACE OF DEATH haurs after death. Page 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COMMIX Filed b. COUNTY MARYLAND HRED CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) the d. NAME OF HOSPITAL (If not in hospital, give street oddre d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 75 YES NO 3. NAME OF Middle Yeor DECEASED (Type or print) DEATH 19 4 9. AGE (In years lost birthday) NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. WIDOWED Z DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ARME IS life, even if retired) WNER puo 13. FATHER'S NAME se remove cort HARTSOCK WAS DECEASED EVER IN U. INFORMANT offending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Not while foctory, street, office bldg., etc.) Hour o. m. While of work of work p. m. . 1959, that I last saw the deceased 21. I certify that I attended the deceased from, , and that death accurred at 4,15 M, from the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d COCATION (City, town, (Stote) pode REMOVAL (Specify) 0 DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Krous VS A15 (4) DATEMAY '59 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farword to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y lies.

TO FUNERAL DIRECTOR PAGE 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Fealth, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5617 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05588 Reg. Dist. No.

•		PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased lived. If institu	tion: Residence befor	e odmission)
	0	- COUNTY - Traderick	MARYLAND	O. STATE Worz	land b. COUNT	Trede ".	ck
	Ь	. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (11,60	utside corporate limits, write	RURAL and give nea	rest fown)
		WAGAN KD# 2	Lake	× not an	mR7A	2	
	d	. NAME OF HOSITIAL OR INSTITUTION (If not in hospite	al, give street address)	/ d. STREET ADDRESS	1		e. IS RESIDENCE
		011					YES NO
		NAME OF First	Middle	Last 4.	DATE Month	h Day	Yeor
		Type or print)	Guarne	Condon	DEATH MAN	, 2	1959
	5. S	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. 0	DATE OF BIRTH	9. AGE (In years		F UNDER 24 HRS.
		male White WIDOWED	DIVORCED S	47.25,194	43 Inst birthduy)	Months Doys	tours Min.
	10a.	. USUAL OCCUPATION (Give kind of work done 10b. KINI uring mast of warking life, eyen if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF	WHAT COUNTRY?
		Student		traderica	Lourdy	12.5	- 4_
	13,	FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME	,	
		Edgar Condor	~	Lucana	Mrigh		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO. no. or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. INF	ORMANT	Address	1	- 1
		700	24	gar Condo	or nutte	Erry (5)	-22
		18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), ond (c).		6	INTERVA	AL BETWEEN
		PART I. DEATH WAS CAUSED BY:	Hersonha	ege rit	lung		
		976 X DUE TO 0'			4	12	1
		Conditions, If ony, which) (b) Tes-	n Shot wer	und ste	lung		
		gove rise to immediate cause ((a), stating the underlying DUE TO			a		
		couse lost. (c)					
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
7	CERTIFICATION					YE	≥ □ NO Ø.
	RTIFT	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	OW INJURY OCCURRED. (Enl.	er noture of injury in Port I	or Part II of item 18.)		
		CAUSE OF DEATH. Self-us	inflicted qu	in Shark	course ri	chees	-
	MEDICAL		Not while 120e. FLACE	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County)	D (State)
	ME	9-35 o. m. 5- Z 1959 of work		me	MIT avoy & S.	1 Frederica	& mil
		21. I certify that I took charge of the ren	moins described above	e, held on Autopsy	, Inspection X,	Inquiry 2,	ond in my
		opinion death resulted from: Natural cou	uses [], Accident [, Suicide X, Ho	omici de [], Undete	rmined monner	
		ACTUAL BOSH					DATE SIGNED
		SIGNATURE & Comments	C-L	M.D. CHIEF MEDICAL EXAM			
2		EXAMINER'S 0 4 71	-7. Q	ASSISTANT MEDICAL		may 111	1959
		NAME (Type) 13.0. Ino-ma	15 M10,	DEPUTY MEDICAL EXA			/
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22	MODERNO	REMATORY 2	2d 10CATION (City, lown,	or county)	(Stote)
	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D I	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE	1161.
	(m. Waltz Wii	veield. m	d. DATMAY		Lun La Kraye	
				DAIRMAN		, and , change.	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()5589 Reg. Dist. No.

PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Frederick MARYLAND	Maryland Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
U. S. 15 & Adamstown Rd. D. O. A.	Clarksburg 15 x - 2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
Frederick Memorial	ON A FARM? YES NO
NAME OF DECEASED (Type or print) Georgie 13. Middle	V by A. DATE Month Day Year DEATH May 21 1959
S. SEX COLOR OF RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years) 10/26/1884 9. AGE (In years) 1F UNDER 1YEAR IF UNDER 24 H2S. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working tite, even if retired) Housewife Home	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lee Buxton	Ellie Rose Hedges
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
2/5-38-658 F	rank C. Buxton 3106 Lee Ave. Silver Spring
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) (b)	SIZULL CINSTERVAL SETWEEN CHISTET AND DEATH LAND.
gave rise to immediate couse ((a), stating the underlying	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3	PERFORMED?
CAUSE OF DEATH. Rear Price Coffiser	nter noture of injury in Part I or Port II of item. 18.) Machine Struck
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLAC Hour e.m. May 1 195 of work of wor	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) / (State) /
	Route 15 Fredull NY
21. I certify that I taak charge of the remains described above	ve, held an Autapsy , Inspection , Inquiry , and in my
opinion death resulted fram: Natural causes, Accident []	Suicide , Hamicide , Undetermined manner
STONATURE / Servard O / twineson	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S BERNARD O, Thomas Jr.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 5/25/59 Mt. Olivet	Frederick
DEMOVAL (Speciful	Frederick Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Control on the set bill the bill THE THIRD STEEL STEEL STEEL STEEL STEEL STEEL THE RESERVE OF THE SECOND PROPERTY OF THE PROPERTY OF THE PARTY OF THE

STATE BOT

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Health,

If any delay is necessary, please 3 to the funeral director. Page 1 be retained for

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 r C10

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

). PLACE OF DE	Trederick		2. USUAL RESIDENCE (-	nce befo	ore adm	
8. COUNT	Frederick	MARYLAND	o. STATE Mary	Land	b. COUNT	Fre	dei	ricl	C
L'eGo	DWN (If outside corporate limits, write RU Te ^{mn)}	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	re, Md	porote limits, write	RURAL ond	give ne	porest to	wn)
d. NAME OF	HOSPITAL OR INSTITUTION (IF n.	ot in hospital, give street address)	d. STREET ADDRESS					e. IS R ON YES	ESIDENCE A FARMS
3. NAME OF DECEASED (Type or print	Howard	Russell Middle	Ecker	4. DATE OF DEATH	May	,	27		9 59
5. SEX Male	White	MARRIED MEVER MARRIED B.	Sept. 22,	1902	9. AGE (In years long) yes.	IF UNDER 1	YEAR Days	IF UND Hours	ER 24 HR!
during most a	CUPATION (Give kind of work don f working life, even if retired) borer	10b. KIND OF BUSINESS OR INDUSTR			County		S.		COUNTR
13. FATHER'S N	AME		14. MOTHER'S MAIDEN I						
15. WAS DECEA	SED EVER IN U. S. ARMED FORCE		FORMANT TS Rese E	cker 1	LeGore,	Md.			
PART 420 Conditions	i, if ony, which) (b)	~ 10 C	ry artery	The	bosis	Ljt		VAL BETW	
-	the underlying DUE TO	Colisosclera	the Hear	100	reas (7			
PART 20g. EXTERN PRIMARY D CAUSE OF I	II, OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?
200. EXTERN PRIMARY CAUSE OF I	IAL CAUSE WAS or CONTRIBUTING (1) DEATH. 20b. 1	DESCRIBE HOW INJURY OCCURRED. (Er	iter noture of injury in Por	t I or Part II	of item 18.)				
20c. TIME O	F INJURY Month, Day, Year a. m. p. m. 19	20d. INJURY OCCURRED While Not while factor of work at wark	E OF INJURY (Home, formany, street, office bldg., etc.	n, 20f. (City	or lown)	(Cour	nty)		(Stote)
		f the remains described above tural causes Accident], Suicide [],	Hamicide	nspection 4 ,	Inquiry rmined m	- Innount	-	d in my
SIGNATURI	Buthern	222_	_M.D. CHIEF MEDICAL EX		• 🗆			DAIL S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
EXAMINER NAME (Typ		s,M.D.	DEPUTY MEDICAL			lay 28	B,I	959	
PREMOVAL (P.)	EMATION, 22b. DATE THEREOF Specify) 5/30/5 RECTOR'S SIGNATURE	9 OAK HILL SODRESS	CEM.	D BY REGIST	0	or county) MA STRAR'S SIGI	4 -		-/\/ C

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the ward "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral direct A should be farm at 10 the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained farm TO FUNERAL DIRECT. In the State Board. ar its designated agent, prior to burial, crematian, ar remaval, and in any event within 72 hours offer death. 4 should be forw.
TO FUNERAL DIRE VS. ATSME BM 2/57

HEASOND TRASHMEN'S CENTRE OF DEATH a February soft on our land Tioners brown port, 2.720er in many Daniel Straw | To can where the fore the fore the said eniada ecom . Bu orough reside east grund .. the sale of the same of the sa Florest Control of the set of the set of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ICIAN OR HOSPITAL: The law requires that the death

be retained by the hospital or attending physician. The bottom copy may ATTENDING P

of this	MARYLAND STATE DEPARTMEN	NT OF HEALTH-BALTIMORE, 18	05592
deam. Af	5629 CERTIFICATE		. No
ter th	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	
72 hours aft director, the	COUNTY FREDERICK MARYLAND	STATE ARYLAND COUNTY FRE	0 5 10 10 11
or,	CITY (if outside corporata limits, writa RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside corporate limits, write RURAL and give need OR	rest town)
rect -	TOWN WEDDSBORD YEARS	X TOWN WOODS BORD	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	/ STREET (If rurel give location)	
within funeral	3. NAME OF (First) (Middla)	(Lest) 4. DATE (Month)	(Dey) (Year)
the	(Type or Print) EMMA JANE FE	SER DEATH MAY	17 19 59
registr by th	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O. WIDOWED, DIVORCED,	/ // Or ton billings / if briber	1 YEAR IF UNDER 24 HRS.
ë.e	L W (Spacify) WED HUG	18-1889 69 yrs. Months	Days Hours Min.
∓ p .	done during most of working life, even If OR INDUSTRY	11. BIRTHPLACE (Steta or foreign country) 12.	COUNTRY?
ed with ly filled permit.	HOOSEKEEPER AT HOME	MARYLAND	COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
plet	J. W. LECTORE	HODIE 27ULL	
rtificate be filed and completely burial transit p	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yas, give war or datas of service)	17. INFORMANT & ADDRESS	// /
0 0	110 110 112-38-893	4MRS WO SMITH MOON	SBORD/US
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
ciar	1120 / IMMEDIATE CAUSE (A) Coronary	troubosis	30 minutes
physician use as a	ANTECEDENT CAUSE(S) DUE TO		10
-	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	e CVD	to year
	STATING UNDERLYING CAUSE LAST. DUE TO		
equires that is a strending detached fo	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	0.0	
P . P	DISEASE OR CONDITION CAUSING DEATH.	grandized	10 years
by the	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
The	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (Count	YES NO L
execut mbly s	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?	
been besn a asser	22. I hereby certify that I attended the deceased from	T 10 54 . 17 Mar 50	
D of 1	alive on	7, 19.54, to 17 May, 19.59, that I	last saw the deceased
has ifficat	SIGNATURE , and man dearn occurred at.	ADDRESS (Streat, city, town, stete)	d above. DATE SIGNED
NERAL ficate h h certifi 1-55 10M	Janus Money in M.O.	Unlbergar 10, mil	E/19/60
Zige	23. BURIAL, OREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City) town, or county)) (State)
certi deat A15C	BURIAL 5/19/59 MT. HOP	E CEM WOOSER	0 111
5 ×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
nex	DATE MAY 20 59 Cotting & Krana	Forvella Harbler Woo	Estroro Med
. 6 W ED.			

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CERTIFICATE OF DEATH

within 24 hours after

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate withing the word "pending" in pending" in flem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained fary lifes.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board chealth, ar its designated agent. priar to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 05595

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Frederick	MARYLAND	o. STATE Prederick
b. CITY OR TOWN (If outside corporate limits, write BURAL on give negles) fown)	STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
7	ars	X Rural - Myersville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street of		.d. STREET ADDRESS e. IS RESIDENCE
Rt. #1		Rt. # 1
3. NAME OF First Midd	idle	Lost 4. DATE Month Day Year
(Type or print) KATIE ESTELLA	GROSS	NICKLE DEATH May 10 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED 8.	
female white WIDOWED DIVOR	RCED S	bept. 5. 1903 55 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE OWN home	SS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Charles Gaver		Fannie Shepley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	Y NO. 17, IN	FORMANT Address
(19 yes, give war or dates of service) none	TT	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c		W. Grossnickle, Myersville, Md.Rt.
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (o)	7200	ry cochiston number
260 X DUE TO		51 11-4-
Conditions, if ony, which gove rise to immediate couse	levis	melliling years
(a), stating the underlying DUE TO		
couse fost. (c).		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO Y
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OF CAUSE OF DEATH.	OCCURRED. (En	ter nature of injury in Part I or Part II of item 18.)
3 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE	ED 20e. PLAC	E OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o. m. While Not while p. m. 19 at work of wark		y, street, office bldg., etc.)
21. I certify that I took charge of the remains descri	ribed obov	e, held on Autopsy , Inspection , Inquiry , and in my
opinion death resulted from: Natural causes 🔼 🗸	Accident [
ACTUAL SIGNATURE PROPERTY		M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S B O The company		ASSISTANT MEDICAL EXAMINER
NAME (Type) B. O. Thomas		DEPUTY MEDICAL EXAMINER May 10,1959
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (State)
Burial May 13,1959 Grossi	nickle	s Nr. Myersville, Fred Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Paul F. Bittle, Myers	ville.	Md. DATE MAY 1 2 '59 arthur S. Thomas

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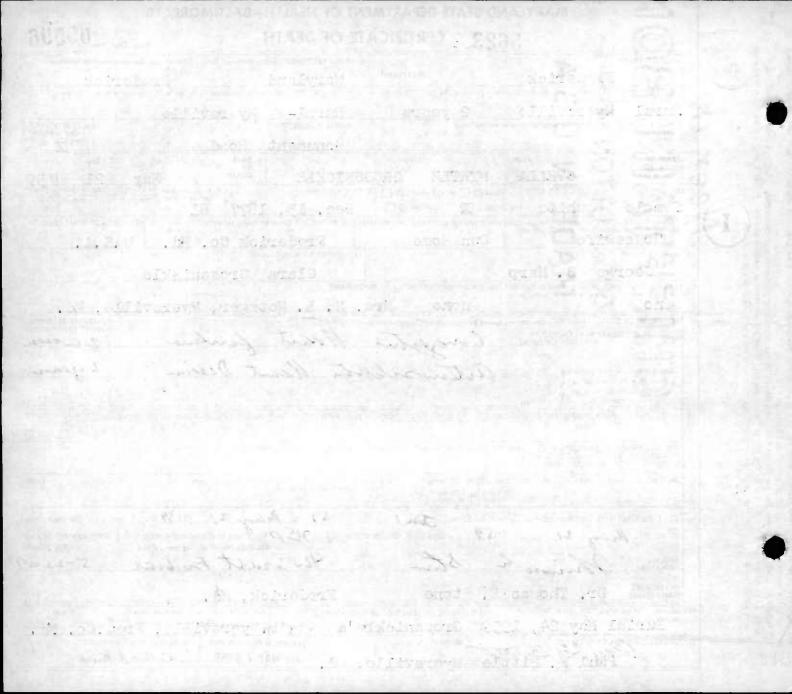
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5623 CERTIFICATE OF DEATH

Reg. Dist. No. 05596

1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	there deceased lived. If in b. COL		efore admission)
b. CITY OR TOWN (If outside corporate limits, write crural ond give nearest town) Rural Myersville	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, w		nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street add OR INSTITUTION	2 years	X Rural- / d. STREET ADDRESS Monument	Myersvil Road	Te	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) STELLA MY	Middle ZRTLE GRO	SSNICKLE	4. DATE OF DEATH		Day Year
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In)	110,4	2] 1959 AR IF UNDER 24 HRS.
female white widowed		Dec. 13.	lost birtho	loy) Manths Doy:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	nd of Business or Indu		or foreign country)		OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
George S. Harp		Clare	a Grossni	kle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO.	NFORMANT	a di obbiili	Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	none Mr	s. H. L. Me	etagen Mar	ersville	MA
Conditions, if ony, which gove rise to immediate couse (a), stating the under. DUE TO lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, fare ctory, street, office bldg., et	m, 20f. (City or town)	(Count	y) (Stote
21. I certify that I attended the deceased alive an King 11. 1959 ACTUAL SIGNATURE Thomas E. PHYSICIAN'S NAME (Type) Dr. Thomas E.	from Jim /, and that death	m.d. 4w3 Frederi	2M, fram the cause ADDRESS (Street, city or	s and an the datown, stote)	te stated obove DATE SIGNED
23. FUNERAL DIRECTOR'S SIGNATURE,	ADDRESS			REGISTRAR'S SIGNAT	
Paul F. Bittle	Mversvill		AY 2 6 '59	Orthun & to	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5593 CERTIFICATE OF DEATH

(15597 Reg. Dist. No.

					Reg. Dist. It	
o. COUNTY	rederick	MARYLAND	II O STATE	here deceased lived. If inst	NITY	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick C. LENGTH OF STAY IN 1b Days			c. CITY OR TOWN (IF	outside corporate limits, wr	ite RURAL and give n	nearest town)
OR INSTITUTION	TAL (If not in hospital, give strek Memorial Hos		/d. STREET ADDRESS 215 I	ill Avenue		e. IS RESIDENCE ON A FARMA? YES NO
3. NAME OF DECEASED (Type or print)	First ANNA	Middle DOROTHY	GROVE	OF		Day Year 11, 1959
5. SEX Female	Marie Control of the	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 14, 1	.885 9. AGE (In ye lost birthdo		AR IF UNDER 24 HRS. Hours Min.
during most of wor	rking life, even if retired)	Ob. KIND OF BUSINESS OR INDU	The second second	ar foreign country)		OF WHAT COUNTRY
13. FATHER'S NAME W11	liam G. Sigmun	d	14. MOTHER'S MAIDEN	NAME Verta Weddell		
	ER IN U. S. ARMED FORCES? [If yes, give wor or dates of service) NO	16. SOCIAL SECURITY NO. 17.	r. John M. Gr		Address Item #2	
	Immediate Disc TO	(selentaria)	ana of	Colm		STERVAL BETWEEN NSET AND DEATH Grand Grand
20g. ACCIDENT W	HER SIGNIFICANT CONDITION	NS <u>CONTRIBUTING TO DEATH</u> BU DESCRIBE HOW INJURY OCCURRI				19. WAS AUTOPSY PERFORMED? YES NO
-	RY Month, Day, Year 200 Wh		LACE OF INJURY (Home, fore actory, street, office bldg., etc.	m, 20f. (City or town)	(Count	(Slole)
actual signature		Stone	n accurred at 9:354 M.D. West Third Frederick	ADDRESS (Street, city or to	es and an the d	saw the decease date stated abov DATE SIGNE 5/12/59
220. BURIAL, CREMATIC REMOVAL (Specify Burial		22c. NAME OF CEMETERY C	et Cemetery	22d. LOCATION (City, to	"	(Stote) Maryland
23. FUNERAL DIRECTOR		ADDRESS rederick, Maryla	and DATE	O BY REGISTRAR 246. F	Carthun & H	



VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	rederick		MARYLAND	2. USUAL RESIDEN o. STATE	Maryl	and b. COUNT		before admis	
b. CITY OR TOWN (IF RUPAL ond give nec	outside corporate limit prest town)	s, write c. LENGTI	H OF STAY IN 16	1	VN (If outside cournant	rporote limits, write	RURAL and give	e nearest tow	n)
OR INSTITUTION	ck Memori	The same of the sa	ital	dy STREET ADD	ch St.			ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	George		Middle .	Ha hn	4. DAT OF DEA	3/	11, 19	959	Year
s. sex male	6. COLOR OR RACE white	7. MARRIED NE	VER MARRIED N	Sept. 2	, 1885	9. AGE (In year lost birthdoy) 7.3 yrs		YEAR IF UND oys Hours	7
Handy Man	N (Give kind of work d ng life, even if retired)	Doc1		Ma	ryland	n country)		J.S.A.	
13. FATHER'S NAME	ngton A.	Hahn		14. MOTHER'S MA		Eiker			
15. WAS DECEASED EVER		ES? 16. SOCIAL SEG		INFORMANT	Tam		dress		
Conditions, if an gave rise to im couse (a), stoting to lying couse lost.	mediote (Dur TO	General	scleratic lized as	Heriosal		e failur			
PART II. OTHER 904.0 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	ER SIGNIFICANT COND NOCTUTE UNDERLYING D CAUSE OF DEATH	intertroc	hanteri	T NOT RELATED TO THE	left.		IVEN IN PART 1	PERFO	AUTOPSY ORMED?
UF EITHER, NOTIFY & 20c. TIME OF INJURY Hour a.m.		r 20d. INJURY OCC While Not w	vhile_ O fo	LACE OF INJURY (Horoctory, street, office bl		City or town) hurmont	(Con	unty)	(State)
21. I certify the alive an I	Alluin Melvin E.	deceased fram.	4 May	h occurred at_9	ADDRESS	n the causes as (Street, city or town		date stated	d abave TE SIGNED
220. BURIAL, CREMATION BREM VAL Specify)		F 22c. NAM	AE OF CEMETERY C		22d. LO	CATION (City, town	or county)	ylan	ote)
23. FUNERAL DIRECTOR'S Raymond		ADDE		24	a. REC'D BY REC	GISTRAR 246. REC	GISTRAR'S SIGN	IATURE	

069

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by caspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the indirector. may be retained by Asspital or attending physician.

Define all physician ond campletely filled in by the stone as a stone beginning the stone as a stone burial-transit permit. Then please require carbon papers. Pages 1 and 2 should the registrar prior to burial, cremotian, or removal, and in any event with the transfer death.

VS A1S (4) 1SM 9/SB

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Spiratory	Maryland		Solvaberi	
	InortunT		1929	Frodes
	Church St.	LatiquoH I	nimanak asi	Tabeli
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	Sept. 2, 1885	X	odidu	eisz
	MoryTend	rotsol		aM yanaH
	Soreh Tiker	nde	ington A. H	insi
		220-16-1065		oW.
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Andrew Andrews	Mary 12 State			
	The state of the s			
M .molreherT .	39 E. Cibron Br	ne.	Stary 1 h	
SustyrsM . Jnc.	hern Cer. Then	United Bret	9-11-1	Letted

daysond R. Creager

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(0) 5254 Y LLS, wecome Sty risinte! HARL HE GOL Ferallo Milte Company to alaced Parks Island is old a well . AEU · ale shi for wir mit see! position of the last of the second of the se bunkyusi -ankaneri . . . v zarasakarsiki kat Trainfeld, Mary Train, No. 1916

Item 18 Film MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05600

55	95							Reg. D	ist. No		000
1. PLACE OF DEATH o. COUNTY F	rederick		MARYL	AND	2. USUAL RESIDENCE (V		b. COUNT			ore odmi	ssion)
b. CITY OR TOWN		RURAL	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF			RURAL on	d give n	eorest to	wn)
	ital or institution (if)	STREET ADDRESS Frederic	ck Co.				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fint Nathan		Middle		Herbert	4. DATE OF DEATH	Month Ma		6 ^{Doy}		959
5. SEX			D NEVER MARRIED	1	DATE OF BIRTH Unknown		9. AGE (In years lost birthday) 45 ? yrs.	1F UNDER	Days Days	IF UND Hours	ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of work Contruction	TION (Give kind of work diving life, even if refired) n Laborer		IND OF BUSINESS OR II		Frederick			12. CIT	IZEN O	F WHAT	COUNTRY?
13. FATHER'S NAME Authur H	erbert				14. MOTHER'S MAIDEN P						
	VER IN U. S. ARMED FOR (If yes, give war or dates of se	rvice)	social security no. Inknown		ormant ariah Herbel	rt - H	opeHill I	red.	Co.	Md.	
PART I. DE	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line (neu	monia-righ	nt lol	oe .		INTER	yal setwe	ys.
Conditions, if gave rise to imm (a), stating the	rediote cause				estive Hea				7	hr	s.
PART II. O	THER SIGNIFICANT COND	ITIONS CO			9			EN IN PAR			AUTOPSY PRMED?
PART II. O	ONTRIBUTING []	DESCRIBE	HOW INJURY OCCUR	RED. (En	ter nature of injury in Por	I t or Part tt	of item 18.)				
20c. TIME OF INJ	1.	While		e. PLACI foctor	E OF INJURY (Home, form y, street, office bldg., etc.	20f. (City	or fown)	(Co	unty)		(State)
	that I taak charge h resulted from: N			-		y 🔲, II Hamicide	nspectian [],		, princip		d in my
ACTUAL SIGNATURE	Birtho.	222	as		M.D. CHIEF MEDICAL EX	200				DATE S	IGNED
EXAMINER'S NAME (Type)	B. O. Thor		M. D.		DEPUTY MEDICAL						
220. SURIAL, CREMAT REMOVAL (Speci Burial	10N. 22b. DATE THEREON 5-11-59		22c. NAME OF CEMETE Hope Hill		REMATORY		TION (City, town, coderick C			(State	•)
23. FUNERAL DIRECTO			ADDRESS		24o. REC'	D BY REGIST				_	7 - 17
Charles E	. Hicks 111	Frede	rick, Md.		DATE N	AY 1 3	59 0	without a	4 the	Aug	

VS. A15ME 5M 2/57

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5597 MAI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05601

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	Reg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Frederick MARYLAN	o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1	
Frederick 5 Years	// Frederick
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENC
220 East Third Street	220 East Third Street YES NO E
3. NAME OF First Middle Middle	Last 4. DATE Month Day Year
(Type or print) GEORGE WOODROW	HILDEBRAND OF DEATH May 20, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Male White WIDOWED N DIVORCED	19 July 1912 46 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR IND during most of working life, even if retired)	USTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTI
Supt. of Grounds Country Club	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles R. Hildebrand	Esta Fink
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes. no, or unknown] If yes, give wer or dates of service)	. INFORMANT Address
No 213-24-7619	Miss Blanche S. Hildebrand (Same as item #1)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: CORONARY OCCLUS	
420.1 DUE TO	
Conditions, if ony, which) (b)	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS
9	PERFORMED? YES NO []
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Part II of item 18.)
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	A Carrier of impary in Control For in or hear for
	PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour o. m. While Nat while f	octory, street, office bldg., etc.)
21. I certify that I took charge of the remains described a	100
death resulted from: Notural couses M, Accident ,	suicide [], Homicide [], Undetermined cause [].
ACTUAL SIGNATURE SON THE SIGNATURE	DATE SIGNED
SIGNATURE JAVONATION	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) B. O. Thomas, M. D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22 May 1959
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 5-22-59 Lutheran Ce	metery Middletown, Maryland

DATE

VS. A15ME(5) 5M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

the registrar priar to buriol, cremotion, or remaval, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05602

EEOO CERTIFICATE OF DEATH

		1000	3						Reg. D	ist. No.			
	rederick		MAR	RYLAND		Mar yl		d lived. If institut b. COUNTY		dence before admission) Frederick			
b. CITY OR TOWN (RURAL ond give n Frederi		s, write	c. LENGTH OF STA	Y IN 16		Frede:		rate limits, write f	URAL ond	give near	est lowr	n)	
d. NAME OF HOSPI OR INSTITUTION Frederic	TAL (If not in hospital, g				/ d. STREET ADDRESS 1028 North Market Stree				reet	e. IS RESIDENCE ON A FARM? YES NO AT			
3. NAME OF DECEASED (Type or print)	Fire PEA	RL	Midd	ER	Los HU M M		4. DATE OF DEATH	Month H May		Doy 22,	Doy Ye 22, 19		
s. sex Female	6. COLOR OR RACE White	WIDOWE	DIVORC	ED A	date of Birti	, 189		9. AGE (In years birthday) yrs.	IF UNDER Months	Doys Doys			
Housewif	king me, even it remed)	lone 10b. K	Home	OR INDUST	STRY 11. BIRTHPLACE (State or foreign country Maryland				12. CI		ZEN OF WHAT COUNTRY		
13. FATHER'S NAME					14. MOTHER'S								
	Thomas W. E	V			M	ary R	ose Es	sterly				-	
No No	R IN U. S. ARMED FORG (If yes, give war or dates of se NO	rvice) ?	OCIAL SECURITY N	Mr.	FORMANT Willia	m C. 1	Humm_S	Add Same as]		¥2			
	ATH [Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	- 1	for (a), (b), and (c)	nar	y E	nho	145				VAL BE TAND		
Conditions, if a gove rise to i couse (o), stoting	ny, which (b)	F	Pelvic	veir	n phi	sho.	thro.	mbosi	5	un	dele	ermine	
3) (c) HER SIGNIFICANT CONE LS UNDERLYING		ONTRIBUTING TO DE						EN IN PAR		WAS A PERFO	AUTOPSY RMED? NO	
	MEDICAL EXAMINER)		URY OCCURRED										
20c. TIME OF INJUR Hour a. m. p. m.	19	While of work	Not while	facto	CE OF INJURY (Fory, street, office	bldg., etc.)	20f. (City	or town)	(0	County)		(Stote)	
21. I certify the alive an 21.	at I attended the	deceased , 195		death of	, 19 <u>5 9</u> accurred at :	107-2 3:10A		the causes a					
ACTUAL SIGNATURE	Helmie	8	Kea	М.	D. East	_ A	DDRESS (St	reet, city or town,	state)	5	DA	15 SIGNED	
PHYSICIAN'S DE	r. Melvin E	. Lea			Frede	rick,	Mary	lan d					
220. BURIAL, CREMATION REMOVAL (Specify) Burial	May 25,19		22c. NAME OF CEM Mount Ol			y		ION (City, town, o	r county)	Ма	(Stote		
M. R. Et	s signature chison & So	n, Fr	ederick,	Maryl			BY REGISTE		TRAR'S SIC	10			

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	essen man av 196 Parein (mm. primer (mm. primer) vagik susik a (mm. primer) vagik susik (mm. primer) vagik susik	and of the party o

5694 CERTIFICATE OF DEATH

Reg. Dist. No.

05604

0000	<u> </u>			Keg. D	31. 140.	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W		If institutions Resider	nce before admiss	ion)
Frederick	MARYLAND	Maryla	nd		ederick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	its, write RURAL and	give nearest town)
Rural Myersville	years	x Rural My	rersville	9		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			e, IS RES ON A YES	DENCE FARM? NO
3. NAME OF First DECEASED (Type or print) Charles F:	middle rederick	Jackson	4. DATE OF DEATH	Month		reor 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED N male White WIDOWED	DIVORCED	Aug. 1, 18	9. AGE	(In years IF UNDER	Doys Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CI	TIZEN OF WHAT	COUNTRY
machinet (Los)	Cambraga.	Marylla	nd		U.S	
13. FATHER'S NAME	Corregion of	14. MOTHER'S MAIDEN			0.0.	
James Jackson		Sarah	Ann Ho	Imes		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SI	ECURITY NO. 17. IN	FORMANT		Address		
(Yes, no. or unknown) (If yes, give wor or dates of service) Ves W. W. J. 214-10	5-4495 Mr	s. Ruth Jac	kson, M	yersvill	e, Md.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b), and (c).	conary 1	Ocelm	rion_	ONSET AND	DEATH
Conditions, if ony, which) DUE TO	raline.	O anten	oselen	an's	unke	aur
gave rise to immediate couse (o), stoting the under-	e Cong	estive le	eart la	lune	Klout	2m
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH OUT	NOT RELATED TO THE TERM	INAL DISPASE CONF	DITION GIVEN IN PAR	PERFO	AUTOPSY RMED?
OR CONTRIBUTING CAUSE OF DEATH	W INJURY OCCURRED). (Enter nature of injury in	Port I or Port II of it	em 18.)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC While Not of work 0 to work 19	while foc	CE OF INJURY (Home, for lory, street, office bldg., etc.	n, 20f. (City or low	n) (County)	(State)
21. I certify that I attended the deceased from alive an Mass 17 1959	1	16, 1959, to 1	0 1	, 19 <u>59</u> ,that I causes and on I		
ACTUAL Same R C.	Sterson	2 Links	ADDRESS (Street, ci		four 5	TE SIGNE
PHYSICIAN'S NAME (Type) Dr. Kenneth Henson		Midd	Letown,	Md.	7	1-11-3
REMOVAL (Specify)	AME OF CEMETERY OF	R CREMATORY	22d. LOCATION (C	ity, town, or county)	(Stote	•)
	DRESS		D BY REGISTRAR	24b. REGISTRAR'S SE		
Gladhill Company, Middle	town, Md	• DATE	11V 2 E 150	Callun	8 Kraug	

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the prof director. After this certificate has been signed by the attending physician and campletely filled in by the thed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sh the registrar prior to burial, cremation, ar removal, and in any event within 72 hours of page 3 shauld be

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	and the state of		
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	ment products to the		All as 1 if

VS A15 (4) 15M 9/SS I

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

05605

551	10		•	Reg. Dis	t. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (V o. STATE Mary)		YTAUC	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	11	outside corporate limits,		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	1 Years	d. STREET ADDRESS	rick		e. IS RESIDENCE ON A FARM?
200 East Eight S	treet	1200	Pinewood I)r.	YES NO
NAME OF First DECEASED (Type or print) PAUL	Middle GHERNALD	JOHNSON	4. DATE OF DEATH	Month Mav	Day Year 9 19 59
SEX 6. COLOR OR RACE 7. MARR WIDOWE	IED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In last birt 58	years IF UNDER	
Od. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Manager Milk Producers	KIND OF BUSINESS OR INDUST		e or foreign country)	12. CITI	ZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN			
Ralph Johnson		Jei	nnie M. Dwi	ght	
(Yes, no, or unknown) (If yes, give wor or dates of service)	79-09-3306 м	rs. Rhoebie	H. Johnson	Address (same as	item #2) INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cotse (o), stating the under-	orman 2	humbon	is .		1954
PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART III. OTHER SIGNIFICANT CO. PART III.	ONTRIBUTING TO DEATH BUT N			APPEN A	1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. White	NJURY OCCURRED 20e. PLACE foctors of work	CE OF INJURY (Home, for ory, street, office bldg., e	m, 20f. (City or town)	(Ca	ounty) (State
21. I certify that I attended the decease olive on hay 9, 19:		occurred of 9:00	P. M. from he cou ADDRESS (Street, city or Liket St.	uses ond on th	
PHYSICIAN'S Dr. B. O. Thoma			k, Maryland		
Burial (Specify) 5/12/59	Mount Hope	Cemetery		boro, Mar	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		AY 1 4 '59	REGISTRAR'S SIGI	
M. R. Etchison & Sonl Fre	derick. Marvia	nd DATEM	AT I T SS	arthur & 1	Traced

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	3
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5625 **CERTIFICATE OF DEATH**

Reg. Dist. No. 05606

			TI				
1. PLACE OF DEATH	1 . 1	MARYLAND	2. USUAL RESIDENCE (WH		. If institutions b. COUNTY	Residence befor	re admission)
b. CITY OR TOWN (I	autside carporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF)	outside carporote lis	nits, write RUR	AL and give nec	irest fawn)
RURAL ond give ne	- Johnsville	25 yrs.	X Pural		el	-000	md.
d. NAME OF HOSPIT	AL (It not in hospital, give street	- 4	d. STREET ADDRESS	1	-nnas	7.8.8.7	. IS RESIDENCE
OR INSTITUTION			1				YES 1 NO
3. NAME OF	First	Middle	Lost	4. DATE	Month	Do	y Yeor
(Type or print)	LILLIAN	MAV	KEENEY	OF DEATH	May	1	1959
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG		UNDER 1 YEAR	IF UNDER 24 HRS.
3	W WIDO	WED DIVORCED	may 10 19	11 5	17 yrs.	dinins Days	ridurs Min.
10o. USUAL OCCUPATIO	ON (Give kind of work done 10 ing life, even if retired)	b. KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Stole	or foreign country)		12. CITIZEN O	F WHAT COUNTRY?
Horrsein		our house	mari	land		W.5	A.
13. FATHER'S NAME	1		14. MOTHER'S MAIDEN	IAME	1		
Harry	1. Stern		Frances	Woode	and	-	
	R IN U. S. ARMED FORCES? [1]	6. SOCIAL SECURITY NO. 17.	INFORMANT	· ·	Address	*01	2001
710		220-34-6655 11	n Jes, W. Kee	ary)	chas	wilke	, 1161.
The state of the s	TH [Enter anly one cause per	line for (a), (b), and (c).]		him			ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Growne,	nyocar	delle	1		Kimelis
422	2 DUE TO	ecute 1	Dillita	tim	1		. 0 1 .
Canditions, if a		0 -000-			1	31	Lange
gave rise to i cause (o), stating							
lying cause lost.	(c)		TAIGT BELATED TO THE TERM	INIAI DISEASE CON	IDITION CIVEN	101000000000000000000000000000000000000	V29CTUA 24VA BI
PART II. OTH	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	JI NOI KELATED TO THE TEXM	INAL DISEASE CON	IDITION GIVEN	IN PAKT I(a)	PERFORMEDY
30- ACCIDENT W	S LINIDEBLAINE ET 130P D	ESCRIBE HOW INJURY OCCUR	PED /Fater polyre of injury in	Port I or Port II of	item 18)	1	YES NO
	CAUSE OF DEATH MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCUR	CO. (Enter hotore or injury in	7017101701110	110.17		
	Y Manth, Day, Year 20d		PLACE OF INJURY (Home, form		wn)	(County)	(Stote)
20c. TIME OF INJUR	Whi	le Nat while	octory, street, office bldg., etc)			
		6-	1 - 1959 to	5=1-	10. 7	that I last s	aw the deceased
/-	at 1 attended the dece	(77	th occurred at				
alive onQ		, and mar dea	in occurred di	ADDRESS (Street,			DATE SIGNED
ACTUAL	~ ! N d	20-1-	un lli	i all 1	Bri	291	5-2-5
SIGNATURE		AX	_ M.U	7			n
PHYSICIAN'S NAME (Type)	I. M. LIE	CHOS IND	My	ONB	KIV) lak	1/1 a
22a. BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, ar	caunty)	(State)
REMOVAL (Specify)	5/5/59	Rocky H	e. Cerustines	m. 10	rods	bone	my
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	/ 240. REC	D BY REGISTRAR	24b. REGISTI	RAR'S SIGNATU	RE
4. C. Ba	erten 11	In O Personall	2 THE DATESY	5 '59	CR	9 3-	
						-	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your FUNERAL DIRECTOR Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard cealth, or its designated agent, prior to burial, cremation, or removal, and in many event within 72 hours after death.

VS. A15ME

5M 2/57

KERA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	-	0	U	-

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	300	, 0								Reg.	Dist. No)	
1	PLACE OF DEATH					2. USUAL RESIDE	NCE (W	here decea	sed lived. If institu	ution: Resi	dence be	fore adm	issian)
T	a. COUNTY	erick		MAI	RYLAND	o. STATE	יזדיר פ	land	b. COUNT	of H Y	eder	rick	
廾	b. CITY OR TOWN (III		e BURAL C.	LENGTH OF STA	Y IN 1b				porate limits, write		A 44 A 14		-
	Frede:		100						etown				
1	d. NAME OF HOSPITA		tf nat in haspita	l, give street addr	ess)	d. STREET ADD		Laar	00 WII			e. IS R	ESIDENCE A FARM?
1	Frederick	Memorial	Hospi	tal								YES] NO [
3	NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Mont	th	Day		reor .
	(Type or print)	Glenn	Willia	m Kinna				DEATH	Ma;	7	4,	1	1959
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8.	DATE OF BIRTH			9. AGE (In years lost birthday)		RIYEAR	-	ER 24 HRS.
	male	white	WIDOWED [DIVORCE		2/9/70	908		57 yrs.	Months	Days	Hours	Min.
1	0a. USUAL OCCUPATIO	N Give kind of work	done 10b. KIND	OF BUSINESS O	R INDUST	Y 11. BIRTHPLACE	E (State	ar foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	during most of working	g life, even it refired)	road	const:	ruet	ion	M.	arvla	and	1	U. 8	7	
-	3. FATHER'S NAME		12.000			14. MOTHER'S MA							
	William	Kinna				Anni	0 5	hanle	277				
1	5. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO	D. 17. 8N	FORMANT	0 0	richt.	Address).			-
		(if yes, give war or dates of	100 276-	07-075	9 Mr	s. Glen	n K	inna.	Middle	etow	n. N	ld.	
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		H WAS CAUSED BY:	(14	# (1)	. 0 000	MANY	51	O AMAG	2		613	AND DE	ATH C
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1	Conditions, if or		1	u we	100	amacie	M	eaco	Conc			4	
	(a), stating the u											1	-
	couse lost.) (c		OINITALS TO DE	A 771 A D1 P7 A 1	AT AEL 1750 TA TH	E TERM	NIAL DIFFA	E CONTRICTOR CO	VENTINI DI	DE V. No	10 14/45	ALITABEV
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture) of injury in Port II of item 18.)												
	200. EXTERNAL CAU	ISE WAS _ 2	Ob. DESCRIBE HO	OW INJURY OCC	URRED. (E	nter nature of injury	y in Parl	l or Part t	l of item 18.)				
	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	NTRIBUTING [
	20c. TIME OF INJUR	RY Month, Day, Ye	or 20d. INJU	JRY OCCURRED		E OF INJURY (Hor			y or lown)	(0	ounty)		(State)
	20c. TIME OF INJUR	19	While of work	Not while	facto	ry, street, office blo	dg., elc.)					
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							-	Homicide		ermined			
	opinion deoin	resulted fram:	Natoral Cau	ises [], Acc	Lideiii [_i, soicide [٬ ،لسـ	Tomicion	c [], Onder	ermined	HOIT	e, (_)	
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1	SIGNATURE	10100	2736	C.L June		_M.D. CHIEF MED		_	The state of the s				
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	NAME (Type)		Thomas	C. NAME OF CEM	EYEDY OR		e rurib		ATION (City, town,	as south)/	1510	-
1	220. BURIAL, CREMATIO REMOVAL (Specify)	5/7/50		-				777		_			101
	DULT LAL	111111		ADDRESS	cem	etery	la PEC	D BY REGIS		SO.			
		Company,	Mi da	letown.	S.M.					Civiling			
	AT CALLETT	oompany,	PLUU.	TE POMII	Md.	D	ATE I	MAY 6	159	MILINA	A. 10	Alla	

MAY 6

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			CERTI	IICAI	LOID	LAII			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Freder	rick		MARY	- 1	o. STATE	ence (wh		lived. If institut b. COUNTY	_	nce before		sion)
RURAL ond give	(If outside corporate linearest town) Systown . Ma		c. LENGTH OF STAY	IN 1b	,		and the same	ote limits, write l		give nea	rest tow	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital.	give street	oddress)		d. STREET AD	DRESS		Maryla Maryla			ONA	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Ella	irst	Middle		Last		4. DATE OF DEATH	Mo		Do	,	Yeor
5. SEX	6. COLOR OR RACE	7	Virginia	40.00	rieg			May		21,		19 59
		Unitra	ENEVER MARRIE		ATE OF BIRTH	07		AGE (In years last birthday)	Months	Days	Hours	ER 24 HRS.
Female	White		MANAGOCO COLO		bruary		1870	89 yrs.				
	rking lite, even it retire	(0)	KIND OF BUSINESS O	K INDUSTRY	11. BIRTHPLA	CE (Stote	or tareign cou	intry)	12. CI	TIZEN O	F WHAT	COUNTRY
Retired	school tea	cher			Bucker			vland		II.S.	Α.	
13. FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME					4100
William					Mary !	Marte	11					
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	. 17. INFO	RMANT			Ado	Iress		100	
No	No		None	Mis	s Evel	yn We	llen	Buckey	etown	Ma	rvla	nd
Conditions, if a gove rise to couse (o), storing lying couse lost	the <u>under-</u> DUE T	(o) O (b) O	Ser	-ilil	iy					ONS	FT AND	TWEEN DEATH
3	THER SIGNIFICANT CO	20b. DESC	CRIBE HOW INJURY OF						VEN IN PAI	RT 1(o) 15	PERFC	AUTOPSY ORMED?
OR CONTRIBUTING	G CAUSE OF DEATHY MEDICAL EXAMINER)	()										
	RY Month, Day, Y	ear 20d. IN	JURY OCCURRED Not while	20e. PLACE foctory	OF INJURY (He, street, office I	ome, farm, bldg., etc.	20f. (City o	or town)	((Caunty)		(State)
21. I certify t	hat I attended th	e decease		4	. 19 14,	to_5	-2/-	, 1957				
	R. 11	201	antin	M.D.	currea at			the causes (et, city or town,		the dat		ate signer
ACTUAL	1											
PHYSICIAN'S NAME (Type)	r. Rex Mari	in		M.D	35	East	Churc	h_Street	t Fred	deri	ck.	Md.
PHYSICIAN'S	ON, 226. DATE THERE	OF	22c. NAME OF CEME	TERY OR CR				h Street			(Stot	Md

ral directar, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be differed far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sho the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours affer death. N.

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VS A15 (4) 15M 9/58 160

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5627 CERTIFICATE OF DEATH

Reg. Dist. No.

05609 No.

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	A CTATE	re deceased lived. If institute b. COUNTY	ion: Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, write c. PURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou		RURAL ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street addr OR INSTITUTION	ress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John	Middle K	Last	4. DATE Mo OF DEATH MAJ	
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED		Feb. 3, 187	9. AGE (In years last birthdoy) yrs	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done lob. KIN during most of working life, even if retired) Own		TRY 11. BIRTHPLACE (State of Marylar		12. CITIZEN OF WHAT COUNTRY
John Henry Kron		14. MOTHER'S MAIDEN N.	Hessong	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service))	s. James Lo		Ridge, Md.
gove rise to immediate couse (a), stating the under. lying couse lost. (c)	remome	Prostate	The state of the s	2-412
PART II. OTHER SIGNIFICANT CONDITIONS CON 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	E HOW INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. 19 While at work		ACE OF INJURY (Home, form, tory, street, affice bldg., etc.	20f. (City or town)	(County) (State
21. I certify that attended the deceased alive an 1999 ACTUAL SIGNATURE	fram July , and that death		/ - /	that I last saw the deceased and an the date stated above parts signer of the state
PHYSICIAN'S W.R. Cadle				
Buriai 5-14-59	United Bre		Thum ont	
23. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager Th	ADDRESS urmont. Md			ISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

5628 CERTIFICATE OF DEATH	5	628	CERTIFICATE	OF	DEATH
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י	a. COUNTY	Frederic	k	MARYLA		o. STATE	CE (When		b. COUNTY				ion)
	RURAL and give no	f outside corporote limerest town) k-Rural-R.	- 111	c. LENGTH OF STAY IN	1 16				rote limits, write R Rural - R		ve near	rest town)
	OR INSTITUTION	At (If not in hospital, ; Frederick	give street	oddress)		d. STREET ADDR		rick			•	ON A	DENCE FARM? NO
3	. NAME OF DECEASED (Type or print)	Fi J	OHN	Middle ALLEN		Lost MOORE		OF DEATH	May	th	21	,)	Yeor 1959
5	. sex Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED	STREET .	ctober 23	3, 19	35	9. AGE (In years last birthdoy) yrs.	Months	YEAR Days	IF UNDE Hours	R 24 HRS. Min,
1	og. USUAL OCCUPATION during most of work Draftsma	ON (Give kind of work king life, even if retired	done 10b. Na	kind of Business or val Ordinan		11. BIRTHPLACE Mary		foreign co	ountry)	12. CITI		F WHAT	COUNTRY
1	3. FATHER'S NAME Urba	n W. Moore				14. MOTHER'S MA Kat		me n Al	len				
		R IN U. S. ARMED FOI (It yes, give wor or dates of NO		SOCIAL SECURITY NO.	Mr.	Urban W.	Mod	re-	Same as		2		
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate the under-), el	LYDILLE TO DEAT	lone	pbritis OT RELATED TO THE	TERMINA	AL DISEASI	E CONDITION GIV	VEN IN PART	C	PERFO	AUTOPSY RMED?
100	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC								AES []	ио)[Д
The Designation of the Parket	Hour o.m.	Y Month, Day, Ye	While of wor	Not while	foctor	OF INJURY (Home y, street, affice bld	g., etc.)	20f. (City	ar town)	(Co	ounty)		(Stote)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James B.	195	Man,	OTIL leath a	ccurred dt 3: Profess:	OOA AD ional	Bui	the causes of reet, city or town.			e state	
	20. BURIAL, CRIMATIO REMOVAL (Specify) Burial	May 23,1	959	Mount Oliv			2		ion (City, town, o	or county)	М	(Stote	
2	M. R. Et		on, I	rederick, M	aryl			Y 26		STRAR'S SIGI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR firer this certificate has been si VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
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5602 CERTIFICATE OF DEATH

Reg. Dist. No. (15613

o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	. t	If institution. COUNTY	n: Residence be	fore odmis eriek	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16 Years	c. CITY OR TOWN (IF		nits, write RU	JRAL and give n	earest tow	n)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION Frederick Memor		d. STREET ADDRESS	Third Stre	o.t		ON /	SIDENCE A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mont	h [Day	Year
		otter B. DATE OF BIRTH	DEATH	May E (In years	IF UNDER 1 YEA	10	19 59
Female White widow	ED DIVORCED	June 4 109	92 lost	birthday)	Months Days		Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary	KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (SION			12. CITIZEN	OF WHA	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN					100
Joshua Motter		Leathy	Stekes				
(Yes no. or unknown) (If yes, give wor or dates of service)		NFORMANT iss Ruth Mott		Address St		riek.	Md.
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ocitoartis			IN	TERVAL B	ETWEEN
570.5 DUE TO Conditions, if ony, which)	testimal obe	Twixtun ci	Resertion	- 17 9	Genn	3/	2 "
gove rise to immediate couse (a), stating the under- lying couse last.	Post - operation	i Golhision	w -			3 m	02.
PART II. OTHER SIGNIFICANT CONDITIONS Contributing Contributi		NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVE	EN IN PART 1(o)	PERFO	AUTOPSY ORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of i	tem 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. While p. m. 19	Not white for	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or tow	rn)	(Count	y)	(Stote)
21. I certify that I attended the decease alive on May (0, 19	sed from hely	4 , 19 5 1, 10 30 occurred at 7	PM, from the		Athat I last and on the d		
ACTUAL Frank N. Wor	thington	M.D. Profession	ADDRESS (Street, ci				1/59
PHYSICIAN'S Dr. Frank D. Worth:	ington	227 N.Ma	rket Stre	et			
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	City, town, o	r county)	(Sto	le)
Burial 5/12/59	Mt.View Ceme		Emmitsbu		Md.		
23. FUNERAL DIRECTOR'S SIGNATURE M.R. E chison and Son, From	ADDRESS	24a. REC	MAY 1 4 '59		TRAR'S SIGNAT		

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VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ICA	ATE OF DEATH				Reg. D	Dist. N	190	14
	2. USUAL RESIDENCE (Who. STATE				on: Reside			
ND	Mary			. COUNTY	U	arr		
16	c. CITY OR TOWN (If a	utside corpo	orate lin	nits, write R	URAL ond	give ne	earest tawr	1)
	Mt.	Airy					06x	-2.
	d. STREET ADDRESS							FARM?
	Twin	Arch	R	1.			YES _	NO T
1	1ullinaix	4. DATE OF DEATH		Mon	ith	7		Yeor 1959
	8. DATE OF BIRTH		9. AG	(In years birthdoy)	IF UNDE	R 1 YEA	R IF UND	
5	Nov.24,1889	9	lost	59 yrs.	Months	Days	Hours	Min.
NDUS	TRY 11. BIRTHPLACE (Stote		ountry)		12. C	ITIZEN	OF WHAT	COUNTRY
	Howard	Co.	Mo	1.		U	SA	
	14. MOTHER'S MAIDEN N			-				-
	Fannie	E. N	[ul]	linix				
17. It	NFORMANT	7.5	17 3	Add				
N	Irs Harry W	. Dov	re,	Mt.	Air	y , 1	Md.	
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BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CON	DITION GIV	EN IN PA	RT 1(0)	19. WAS PERFO YES	RMEDZ
URREC). (Enter nature of injury in F	art I or Por	t II of i	lem 18.)		777		1
fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (Cit)	or tow	'n)		(County)	(State)
	, 19 <u>57</u> , ta	5/3		, 195	2, that I	last s	aw the	decease
eath	occurred at 7557	1M, fran	n the					
		ADDRESS (S	treet, ci	ty or town,	state)			TE SIGNE
/	M.D. 4 C = 6	hu	2	6	11		5/-	3/5-9
0	Fred	len	ih		mi	2		
RY O	R CREMATORY	22d. LOCA	TION (ity, town, o	or county)		(Stat	e)
Ch	apel	I	one	Cor	ner	Mo	1.	
	3/6.2 24a. REC'I	BY REGIST	TRAR	24b. REGIS	STRAR'S S	IGNATL	IRE	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR (Her this certificate has been signed by the attending physician and campletely filled in by the for all director, page 3 should be defended for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

			20	U.	CEKII	FICA	TIE OF D	CAIL			Reg. D	ist. No		
1. P	LACE OF DEATH . COUNTY	rederick			MARY	LAND	o. STATE	-	and	lived. If instituti b. COUNTY			ore admiss	ion)
Ь	RURAL and give ne	outside corporate limit prest town) PICK	ts, write	c. LENG1	10 da	ays		-	outside corpore	Airy	URAL ond	give ne	arest fown)
d	OR INSTITUTION	AL (If not in haspital, g derick Me			ital		d. STREET AC	DRESS						FARM?
0	IAME OF PECEASED Type or print)	FANN	IE		Middle E .	M	TERS Loss		4. DATE OF DEATH	MAY		21,		Year 1959
5. S	emale	6. COLOR OR RACE	7. MARRI WIDOWE		EVER MARRIE DIVORCEI		8-17-1			P. AGE (In years lost birthdoy) yrs.	Months	Days	Hours Hours	Min
100.	USUAL OCCUPATIO during most of work housew.	N (Give kind of work or ing life, even if retired)	Sone 10b.	own	home	R INDUS		ylan	1900	untry)		U.S.	F WHAT	COUN
13. F	FATHER'S NAME	sreal Ha	ines	3			14. MOTHER'S		P?				4	
15. \ {Yes.	NAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s	CES? 16. :	SOCIAL SE	ECURITY NO	2000	Ralp	h R.	Davis		Dor Lto.	is 1	Ave. Md.	,
	PART I. DEAT		G	Tee.	-0	Cero	Racing	6	L'Ou	re		INT ON:	ERVAL BE SET AND 2 /10	DEATH
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MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes 5 // 195	White	NJURY OC	CURRED while ork	20e. PLA foc	CE OF INJURY IH	lome, farm bldg., etc	, 20f. (City	, ,	Congr	(County)	72	(Sie
	21. I certify the olive on	at I attended the	. 125	gra	and that	death	accurred at	3 30 F		the causes ceet, city or town,	nd on		te state	
	BUR LAL	~ / whe	959	P	oplar		CREMATORY rings		Howar		Md.		(Stote	0)
23. 1	C. M.		Win		ld, M	Id.			D BY REGISTR		strar's s			

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IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? 'Address INTERVAL BETWEEN ONSET AND DEATH 2 dans PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year (County) (Stote) foctory, street, office bldg., etc.) 0. m Not while of work of work May 14 , 19 19, to May 6 , 1959, that I last saw the deceased 21. I certify that I attended the deceased from. , and that death accurred at 6.75 m. M, from the causes and an the date stated above. ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) wira 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Chillen & Heart DATE MAY 1 9 '59

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1, PLACE OF DEATH a, COUNTY Frederi	ick		MARYLAND	2. USUAL RESIDENCE (W. o. STATE		l lived. If institute b, COUNTY			re admiss	
RURAL and give n	(If autside corporate limited rest tawn) Viddletown		c. LENGTH OF STAY IN 16	x. city or town (if		ote limits, write R	URAL and	give nec	prest fow	1)
A NAME OF HOSPI	TAL (If not in haspilo), of Lew Nursin	ine street		d. STREET ADDRESS	OWI				•. IS RES	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Alta		Middle L e	Phleeger	4. DATE OF DEATH	Mon	m 5	D ₀	•	Yeor 1959
s. sex female	6. COLOR OR RACE	7. MARR	NEVER MARRIED MED DIVORCED	Feb. 14 188		9. AGE (In years last birthday)	IF UNDE Months	Days	Hours	ER 24 HRS Min.
100. USUAL OCCUPATION	ON (Give kind of wark king life, even if retired	done 10b.	own home	USTRY 11. BIRTHPLACE (State	or foreign co	ountry)	12. C	U.		COUNTR
	CK K. Phle ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	CES? 16.		Tucinds		_tAddi	ess			
PART I. DEA 33/X Conditions, if a gove rise to it cause (a), staling lying cause last.	the under-	al	erebral Svanced a	News Sci	leros	is		ON	SET AND	Ks
200. ACCIDENT W	AS UNDERLYING [7]		CONTRIBUTING TO DEATH BU				EN IN PA	RT 1(o) 1	PERFC	AUTOPSY PRMED?
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour a. m. p. m.	G CAUSE OF DEATH (MEDICAL EXAMINER) RY Month, Day, Ye	While		PLACE OF INJURY IHome, form octory, street, office bldg., etc		or town)		(County)		(Stale)
alive an	hat I attended the May 8	12	ed frank 2 3 59, and that deat Harp	м.р	M, fram	the causes of reet, city or town,	ind an		te state	
22a. BURIAL, CREMATIC PREMOVAL (Specify DUTIA) 23. FUNERAL DIRECTOR	5/12/15	0F 19	22c. NAME OF CEMETERY OF Lutheran C	lemetery	Mi	doletor	m.	Md .	(Stat	e)

Gladhill Company, Middletown, Md.

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by % hospital ar attending physician.

TO FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely fittled in by the page 3 should be accepted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/SS

THE RESERVE OF THE PROPERTY OF THE PARTY OF Below chartely appreciately to die

ATTRICATED TO COMMITTER TO CARE A MILES

STANDS . . TO SECURE A

5606 CERTIFICATE OF DEATH

Reg. Dist. No. 15618

e											1014		
1. PL o.	ACE OF DEATH COUNTY	ederick		MAR	YLAND	o. STATE		ere deceased	l lived. If institution b. COUNTY				sion)
b.	CITY OR TOWN (IF RURAL ond give new Frederic		its, write	c. LENGTH OF STAY	IN 16		reder		role limits, write R	URAL and	give nec	prest tow	n)
100	OR INSTITUTION	Memorial				d. STREET AD		nont A	venue			ON	SIDENCE A FARM? NO
DE	AME OF ECEASED ype or print)	DORO		Middle EVEL		PUTM	AN	4. DATE OF DEATH	Ma.		20	3/	Year 19 59
5. SE	x Male	6. COLOR OR RACE White	7. MAI	RRIED NEVER MARRI		DATE OF BIRTH			9. AGE (In years last birthday) yrs.	IF UNDE Months	R 1 YEAR Doys		DER 24 HRS. Min,
10a. I	USUAL OCCUPATIO during most of working Secreta:	ng life, even it retired		. KIND OF BUSINESS C	OR INDUSTR	RY 11. BIRTHPLA		-	ountry)	12. CI		USA	T COUNTRY?
13. FA	ATHER'S NAME Ha:	rry M. Fre	e			14. MOTHER'S A		iame Me Kli	ne				
		IN U. S. ARMED FOR you, give wor or dates of NO		S. SOCIAL SECURITY NO		ormant Ralph 4	. Put	man-	Same as		#2		
1	PART I. DEAT	TH {Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	, Ca	line for (a), (b), and (c)	(Dy.	sgermin	noma	e) of	comerie	25	ONS	ERVAL BI	DEATH
	Conditions, if on gove rise to in couse (o), stoting t lying couse last.	mediate ()	c gene	rali	zed n	neto	astas	ses.		an	Mele	rmined
ICATION		ER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DE						'EN IN PA	RT 1(o) 1	PERFO	AUTOPSY DRMED?
0 (ROO. ACCIDENT WAS OR CONTRIBUTING IF EITHER, NOTIFY I	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED.	(Enter nature of	injury in P	Part I or Part	II of item 18.)				
MEDICAL	Oc. TIME OF INJURY Haur o.m. p.m.	Month, Day, Ye	While	INJURY OCCURRED Not while ork of work	20e. PLAC	E OF INJURY (H ry, street, office	ome, form, bldg., etc.	20f. (City	or fown)		(County)		(State)
	21. I certify the	at I oftended the	decea		deoth o	, 19 <u>57</u> occurred ot 7	: 45A	.M, from	the causes of	nd on	lost so	ite stat	ed obove
AS	ACTUAL SIGNATURE	televie.	E	Kea	M.1	D. East		rch St				5/23	/1959
- 1		r. Melvin						k, Mar					
Bu	REMOVAL (Specify)	May 26,		Rocky Sp.		Cemeter	У	Fre	derick C	ount			yland
	R. Etchi		Fre	ADDRESS ederick, Ma	ryland	d		BY REGISTION AV 2 6 15		STRAR'S SI			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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O HOSTIAL OR ALIENDING PRINCIPAL: The Tow requires that the death certificate be executed within 24 hours offer death. The	4	O FUNERAL DIRECTO. Her this certificate has been signed by the attending physician and campletely filled in by the Holling the	page 3 shauld be described for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shourd be filled	
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5	may be retained by the aspital or attending physician.	DIRE	pld bi	the resistant orient to burial premotion or removal and in any event within 72 hours often death.
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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5631 CERTIFICATE OF DEATH

05619

					,,,,,,,		Reg. Dist.	No.	
1. PLACE OF DEATH					ICE (Where decea	sed lived. If institut		before admission	on)
o. COUNTY	ederick		MARYLAND	o. STATE	Md.	b. COUNTY	Frede	erick	
b. CITY OR TOWN (If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	+		porote limits, write	RURAL ond give	e nearest town)	
RURAL and give n	edrest tawn)		25 Yrs.	×	Rural				
	TAL (If not in hospital,	give street		d. STREET ADD				e. IS RESII	DENCE FARM?
Ijamsvi	ille P.O.			Ijamsv	ille P.O	•		YES [NO [
3. NAME OF DECEASED		rst	Middle	Last	4. DATE OF		nth		eor
(Type or print)	Charles	1-		ichardson	DEA1	21100	3		9 59
5. SEX	6. COLOR OR RACE	140440	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNDER	Min.
M	C	WIDOW		Dec. 19-1		92 yrs			
Oa. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	E (State or foreign	country)	12. CITIZEI	N OF WHAT CO	DUNTRY
Farmer	319 5		******	Freder	ick-Co.	Md.			
3. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME				
Willi	iam Richard	lson		Unknown					
5. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	INFORMANT		Add	dress		
No.	(If yes, give war or dates of	service)	None	Hester Ric	hardson-	I iamswill	e P.O.	Fred. 1	Md.
	ATH [Enter only one c	ouse per li	ne far (a), (b), and (c).	A	0	1		INTERVAL BET	
	ATH WAS CAUSED BY:	13	in male of	in and in	ma sa. V	1. 1.00	unt	ONSET AND	
1120	IMMEDIATE CAUSE (as and according to	· Con Cocon) which	or an	4/2/	Joyen	732
422.1	DUE TO	3							
Conditions, if a		b)							
couse (a), stoting		0							
lying couse last.		c)							
PART II. OTI	HER SIGNIFICANT COM	ADITIONS (CONTRIBUTING TO DEATH 8U	JT NOT RELATED TO TH	IE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1	PERFOR	RMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of in	ijury in Port I or P	Port II of item 18.)			1.3
20c. TIME OF INJUS Hour a. m. p. m.	RY Month, Doy, Ye			PLACE OF INJURY (Honoctory, street, office bl		City or town)	(Cou	unty)	(Stote
p. m.	19	While of wor	IAOI MIIIE	,	3, 5,5,7				
21 Leartify th	nat/Lattended the	deceas	ed from 10/3	0 , 1952,	5/3	1079	that I last	saw the de	
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ACTUAL /	1/	K		100	ADDRESS	a la a	, sidie)	6/2	140
SIGNATURE	mer	Sin	~	M.D. Num	NOUNCE OF	- VIVA			14-1
PHYSICIAN'S NAME (Type)									
220. BURIAL, CREMATIC		OF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	CATION (City, town,	or county)	(Stote)
Burial (Specify)	5-4-59		Fountain Mi	lls	Fre	ed. Co. Md			
3. FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS		a. REC'D BY REG	ISTRAR 24b. REG	ISTRAR'S SIGN	ATURE	
Charles E.	Hicks 111	Fre	edemick. Nd.	D	ATE MAY 7	150	1.2L. 0 9 4	6	

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VS A15 (4) 15M 10/57 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5607 CERTIFICATE OF DEATH

05620

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Frederick MARYLAND Frederick b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Frederick-Rural-R. F. D. #h Frederick Days d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM Frederick Memorial Hospital Butterfly Lane YES NO NAME OF 4. DATE Middle DECEASED THEODORE DEWEY RITTER DR. Mav (Type ar print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday)
60 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Days White WIDOWED | DIVORCED [Male January 12 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Vet. Med. Virginia Doctor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore H. Ritter Lydia Poston 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr. Vernon G. Ritter-Same as Item #2 No 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 Days IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Not while (County) (State) factory, street, affice bldg., etc.) p. m. 21. I certify that I attended the deceased fram. and that death accurred at 1:00 Power from the causes and on the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNED ACTUAL MD East Second Street PHYSICIAN'S NAME (Type) H. L. Fahrney, M. D. Frederick, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) Mount Olivet Cemetery Frederick 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

	ALLOS HEVILLE BY THE SELLINGUES	AMINATED BEARING	
	TE OF DEATH	SAUT CENTRICA	
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FOR STATE HEALTH DEPT.

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5632

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05621

Reg. Dist. No.

- I-	_											
		LACE OF DEATH	3 1						lived. If institut			nission)
1			rederick		MARYL		o. STATE Maryland b. COUNTFrederick					
l	b	, CITY OR TOWN (It of and give negres) town)	utside carporate limits, write	RURAL	c. LENGTH OF STAY II				ote limits, write	RURAL and give	neorest to	own)
		ruralM	t. Airy		hrs.	X ru	iral-	-Mt. 1	liry			
	d	. NAME OF HOSPITA	L OR INSTITUTION (II	not in ho	spital, give street address			Four			10	RESIDENCE A FARM?
ľ	3. 1	NAME OF DECEASED	Firs		Middle	Los		4. DATE OF	Month	Do	у	Year
١		Type or print)	NET.I	TE.	M.	RUNKTES		DEATH	MAY	4.		19 59
ľ	5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	+	9.	AGE (In years	IF UNDER TYEA	R IF UNI	DER 24 HRS.
ı	0	emale	white	WIDOWE	DIVORCED	8-4-19	907		fost birthday) 51 yrs.	Months Days	Hours	Min.
ŀ	10a.	USUAL OCCUPATION	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR II			or foreign cau		12. CITIZEN	OF WHAT	COUNTRY
h	d	uring most of working housew	life, even if retired)		wn home		ryla			U.S.		
k	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME		137		
-		C	linton Br	ight	twell	May	All:	en				
ľ	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFORMANT			Address			
١	1102	no	ir yes, give war er daret or t	ervicel	100 000 no no	Earl S.	Runk	les.	same			
		Canditions, if an gave rise to immedi (a), stating the uncouse lost.	ofe couse		Coron	7					nin	vice
	CERTIFICATION			DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMIN	VAL DISEASE C	ONDITION GIV	EN IN PART 1(0)		AUTOPSY ORMED? NO
		200. EXTERNAL CAUS PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	o. DESCRIB	BE HOW INJURY OCCURI	RED. (Enter nature of i	ijury in Port	l or Port II of	item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour e. m. p. m.	Month, Doy, Yea	Whil		e. PLACE OF INJURY (factory, street, office	Home, form, bldg., etc.)	20f. (City or	fown)	(County)		(State)
					remains described causes 17. Accid		_		pection () , J. Undeter			nd in my
		ACTUAL SIGNATURE	B076	or	LOIS	M.D. CHIEF A	MEDICAL EXA	MINER [DATE	SIGNED
		EXAMINER'S NAME (Type)	B. O. THO	MAS				L EXAMINER [5/	4/5	9	
	220		5-7-1 9		Prospec				orick		(Sto	10)
1	23.	FUNERAL DIRECTOR'S	1 40		ADDRESS		240. REC'D	BY REGISTRA		TRAR'S SIGNAT		
		C. M.	Waltz,	Wi	nfield, Md	i.	DAMAY			un & Krai		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for a files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board realth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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A DESCRIPTION OF STREET		• • •		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECT After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be carped for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STAT	E DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
5633	CERTIFICATE	OF DEATH		R

Pen	Dist	N	5	622)
Kañ.	DIST.	110.		- 10	1

1											
1	PLACE OF DEATH o. COUNTY Fre	ederick		MARYL	11	o. STATE Mary	(Where deceased I	ived. It institution b. COUNTY	nn Residence		nission)
	b. CITY OR TOWN (IF RURAL and give net Rural - M	orest town)		18 vears	N 1b	c. city or town	(If outside corpora	te limits, write Rt		re nearest f	awn)
-	d. NAME OF HOSPITA					d. STREET ADDRES	SS	TSATTIE	3	10	RESIDENCE N A FARM?
3	NAME OF	Fir	41	Middle		Lost		Mon	ı.		
	DECEASED (Type or print)	Mary	Cat	therine	1-0-10-10-10-10-10-10-10-10-10-10-10-10-	ANK	4. DATE OF DEATH	1	May	Day 9	Year 19 5 9
5.	female	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	_	DATE OF BIRTH		AGE (In years lost birthdoy) 7 07 yrs.		YEAR IF UI	NDER 24 HRS.
10	. USUAL OCCUPATIO	ing life, even if retired)	KIND OF BUSINESS OF		Y 11. BIRTHPLACE (12. CITIZ	EN OF WH	IAT COUNTRY?
13.	FATHER'S NAME		10.			14. MOTHER'S MAID		1201		W 463 A	
	Pete	er Marke	r			Mari	ah Sha	nk			
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT		Addr	@35		
_	no			none	Mre	.Alvey M	vers, M	versvi	lle,	Md R	#2
7	PART I. DEAT H442 X Conditions, if on gave rise to in couse (o), stoting t lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ity, which n mediate he under- (c)	Oto	he for 161, (b), and (c).]	Le.	nge Vo	kraulu	1 des	vese	ONSET	BETWEEN ND DEATH
CERTIFICATION	PART II. OTH								EN IN PARI	PEI	FORMED?
		CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture at injur	y in Port I or Port I	or item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Ye	ar 20d. II While at wor	Not while	20e. PLAC facto	E OF INJURY (Home, ry, street, office bldg.	form, 20f. (City o	r town)	(Co	ounty)	(State)
	21. I certify the olive on	of Lattended the	, 19 <u>.5</u>	, ond that	death o	., 1941, to occurred of 7.			nd on the		ne deceased ated above. DATE SIGNED
22	o. BURIAL, CREMATION REMOVAL (Specify) Burial	May 12.	95.9	St. Pau		REMATORY Lutheran		ON (City, town, o			itote)
23	FUNERAL DIRECTOR'S	SIGNATURE	24	ADDRESS Myersyil			REC'D BY REGISTR	AR 24b. REGIS	otrar's sign	NATURE	
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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE, 18

director,

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5 COO CERTIFICATE OF DEATH

		2000		Keg.	DIST. NO.
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLANG	II a STATE	here deceased lived. If institution: Resi	dence before admission) Frederick
b. CITY OR TOWN RURAL and give Frederic	N (If outside corporate limits, wr e nearest town)	ite c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	outside corporate limits, write RURAL or	
OR INSTITUTIO	SPITAL (If not in hospital, give st on ok Memorial Hos		d. STREET ADDRESS	East Sixth Street	e. IS RESIDENCE ON A FARMA YES NO
3. NAME OF DECEASED (Type or print)	First MARY	Middle ALICE	STINE	4. DATE Month OF DEATH May 25	Day Year
s. sex Female		MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH September 2,	last hirthdoy)	DER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
Domest	vorking life, even if refired)	10b. KIND OF BUSINESS OR INI At Home		e or foreign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	, m		14. MOTHER'S MAIDEN		
	narles Tracey	In		roline Holman	
(Yes, no. or unknown) NO	(If yes, give wor or dates of service)		Informant Ir. Arthur R.	Stine- Frederick,	
	ng the under-	MESENTERIO	arteriosci	thrombosis erosis.	INTERVAL BETWEEN ONSET AND DEATH 21 0 05
IT CAT		NS CONTRIBUTING TO DEATH B DESCRIBE HOW INJURY OCCUR		NINAL DISEASE CONDITION GIVEN IN P	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
-	NG CAUSE OF DEATH FY MEDICAL EXAMINER) IURY Month, Day, Year 20	d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, forr factory, street, office bldg., et	n, 120f. (City or town)	(County) (State)
21. I certify alive on 2.	that I attended the decision of the property o	eased fram 25 Ma 9 59 and that dea	y , 1959, to 2 th occurred at 3:00 M.D. East Chur	P.M. fram the causes and an ADDRESS (Street, city or town, state) eh Street	I last saw the deceased the date stated above DATE SIGNED 5/27/55
PHYSICIAN'S NAME (Type)	Dr. Melvin E.	Lea 22c. NAME OF CEMETERY		Maryland 22d. LOCATION (City, town, or county	y) (Stote)
Burial (Speci	May 28,1959	Reformed Cer		Middletown,	Maryland
M. R. Et		ADDRESS Frederick, Mar		D BY REGISTRAR 24b. REGISTRAR'S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 O FUNERAL DIRECTOR free this certificate has been signed by the ottending physicion and campletely filled in by the page 3 should be deviced for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauther registrar priar to burial, cremotian, ar removal, and in any event within 72 bours after death. may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTO free this certificate has been si

VS A1S (4) 1SM 10/S7

	THE OF DEATH				
Suterby:				Elizabet F	
	September 1				
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

560b

05624

300	3		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. STATE b. COUNT	
b. CITY OR TOWN (If outside corporate limits, write EURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16 3 Years	c. CITY OR TOWN (If outside corporate limits, write // Frederick	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of NASTITUTION Frederick Memorial Hospit		/d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	RAY Middle T	ANNEHILLUS! 4. DATE OF DEATH	May 2, 19 59
5. SEX Male 6. COLOR OR RACE 7. MARR White WIDOWS	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 13 March 1890 9. AGE (In year lost birthday) 69 year	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired—Meteorologist—U. S.		au McConnellsville, Ohio	12. CITIZEN OF WHAT COUNTRY?
James B. Tannehill		14. MOTHER'S MAIDEN NAME Sarah Crouch	
		NFORMANT Ad	dress ne as item #2)
18. CAUSE OF DEATH [Enter only one couse per line part I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	ne for (o), (b), and (c).] engestine 1	eart Dailure	INTERVAL BETWEEN ONSET AND DEATH 24 tus
Conditions, if any, which gove rise to immediate code (a), stating the underlying cause last.	Chronic (Rheumotie Mart D	Liseare yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	Mellitis		IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 2006. DESI	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)	
Hour o. m. While	NJURY OCCURRED 20e. PL Not while k of work	ACE OF INJURY IHome, farm, 20f. (City or town) clory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceas alive an 195 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Thum as E.		n accurred at the p. M. fram the causes ADDRESS (Street, city or town M.D. 4W. 3rd St., Frederick	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF BUTIAL (Specify) 5-5-59	22c. NAME OF CEMETERY O		or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ADDRESS	24g. REC'D BY REGISTRAR 24b. REC	SISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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MARY LAND STATE DEPARTMENT OF HEALTH -RALTIMORE: AB

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5634 CERTIFICATE OF DEATH

05625

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Fre	ederick		MARYL	AND	2. USUAL RESI a. STATE	Mary	ere deceased liv	b. COUNTY		e before rede		
	RURAL and give ne		ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR		utside carporate		URAL ond g	ive neares	it tawn)	
-	d. NAME OF HOSPIT	ROCKS AL (If not in hospital, g	ive street	Years oddress)		, d. STREET A		t of Ro	CKS		e.	IS RESID	DENCE
L	OR INSTITUTION					/						ON A F	ARM?
1	NAME OF DECEASED (Type or print)	IDA	st	MAY		TH.	HOMAS	4. DATE OF DEATH	May		Doy		59
5. 5	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIES	-	. DATE OF BIRT	-	9.	AGE (In years ast birthday)	IF UNDER Manths			
L	Female	White	WIDOWI	ED DIVORCED		lugust]	1, 187	1 8	7 yrs.	Manins	Days F	laurs	Min.
10a	during most of work Domestic	N (Give kind af work ing life, even if retired	1	At Home	INDUST	RY 11. BIRTHP	Maryl		(V)	12. CITI	ZEN OF V	WHAT C	OUNTRY
13.	FATHER'S NAME					14. MOTHER'S						81	
		Edmund L.	Ying	ling	941		Sar	ah Cath	erine l	Robert	S		
15. (Ye	s, no or unknown) [(If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.		FORMANT	373	Ch17	Add			2	
	No	No		Unk	Mr	. Georg	ge r.	Stunkte	, same	as It	CIR #	۷.	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	, Ce	returned U	Lac	cula	20	ceit	lent		ONSET	AND D	DEATH
	Conditions, if ar		00	nerolized	(10)	illric	-50	leras	is bu	ilh			
	gave rise to in cause (a), stating t lying cause last.)	hyperl	lu	sion					10-	ty	s.
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE CO	ONDITION GIV	EN IN PART		PERFOR!	MED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature o	of injury in P	ort Ner Part II	af item 18.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yes	While	NJURY OCCURRED Nat while k of wark	20e. PLA fact	CE OF INJURY (ory, street, office	Hame, farm, e bldg., etc.	20f. (City or	tawn)	(C	ounty)		(Stote)
	21. I certify the alive on A	at I attended the	decease 19.5		death	accurred at	12:001	M, from the Adoress (Street hal Burb)	, city or town.			stated	
	MAME (IAbe)		Conle	/	D.		erick,	Maryl	and				
220	BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THEREC		22c. NAME OF CEMET				22d. LOCATION		or county)		(State)	
00			1959	Mount Oli	Lvet	Cemeter	-		erick,			ylar	ıd
23.	M. R. Etc.		n. Fr	ADDRESS rederick, Ma	rvl	and	M	BY REGISTRAL	0	STRAR'S SIG			
			,		7		DATE	E44 - 1 0.		Irthury &	Tiene	4	

13-17 COOK district. Thereasy is provided in the first the face. Pale in E0139502 STATE OF THE PARTY The min that the context of the thirty of the context of the conte Indicate the second of the second depth of the second seco

the state of the s

FOR STATE HEALTH DEPT Page ealth. If any delay is necessary, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary execute the certificate, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the fornered directed thousand be forward to the Chief Medical Examiners. Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECT Page 3 should be used as a buriol-trainily permit. File pages 1 and 2 with the State Board or its designated agent, prior to bariof, cremation, or removal, and ipports event within 72 hours ofter death.

4 should be forward TO FUNERAL DIREC

VS. A15ME 5M 2/57

5635

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05626

Reg. Dist. No.

1. PI	COUNTY FRE	DERICK			MARYLA	IND	2. USUAL RESIDENCE (V	Where decease	ed lived. If institution b. COUNTY		ERICK	
	and give negrest fown]	outside corporate limits, wi	rile RURAL	c. LEN	igth of stay in 3 ye		c. CITY OR TOWN (IF	outside carp		RURAL and g	give nearest	tawn)
d.	NAME OF HOSPITA	R.D.#1	(If not in	n hospital, giv	ve street address)		d. STREET ADDRESS	D.#1			0	RESIDENCE N A FARM? NO
D	AME OF ECEASED PPOTO PENDON	F	irst	DAIDT DY	Middle		Lost	4. DATE OF DEATH	Month May 1:		Doy	Year 19 59
5. SE	X	6. COLOR OR RACI	7. M		NEVER MARRIED	3.8.0	DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER 1	YEAR IF UN	DER 24 HES.
	IALE	WHITE		OWED	DIVORCED [-	pril 30, 19	915	44 yrs.			
du	USUAL OCCUPATION IN THE PROPERTY OF WORKING THE PROPERTY OF TH	life, even if retired)	06. KIND OF TRUCK	FARMING		CANADA	or foreign co	ountry)	UNIT		ATES
	ATHER'S NAME						14. MOTHER'S MAIDEN N	NAME		1.5		
	Fran	icis Tren	nbla	y		100	No	t asc	ertaina	ble		
15. \ (Yes,	MAS DECEASED EVE	R IN U. S. ARMED F	ORCES? of service)		SECURITY NO18-071	1	DAMANT MARY	Tres	Address		aryla	and I
NTON	976 X Canditions, if ar gave rise to immed (a), slating the u	nderlying DUE TO	D b) D		,	HEA BUT NO	RT AND LEF	T LUNC	ECONDITION GIV	EN IN PART	1(a) 19. WA	FORMED?
CER	20g. EXTERNAL CAU PRIMARY ET OF CON CAUSE OF DEATH. 20c. TIME OF INJUR	Y Month, Day, Y	Sh	ot hir	mself wi	th	er noture of injury in Por .35 cal. r OF INJURY (Hame, form, y, street, office bdg., etc.	ifle.		(Coun		(State)
1	2 p. m.		977	of work 🔲 o		H	IOME	EMM	ITSBURG,		ERICK.	,
	ACTUAL SIGNATURE	at I taak charg resulted from: Sernar ERNARD O.	Notur	al causes	Accide	ent [e, held on Autops CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	Homicide	***	inquiry rmined m	anner [ind in my
	Tirona (1) per			111109	210 211			-		1		
	BURIAL, CREMATIO REMOVAL (Specify)	May 15			ME OF CEMETER		meter v	100000000000000000000000000000000000000	IION (City, town, o		timor	

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VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5637 CERTIFICATE OF DEATH

Reg. Dist. No. (15628

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont rural 28 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Thurmont rural
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Own Home	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Eva E. Valentine	Lost 4. DATE Month Day Year OF DEATH May 19 19 59
s. sex Female 6. COLOR OR RACE White Widowed Divorced	B. DATE OF BIRTH March 27, 1931 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator Sewing Factor	
13. FATHER'S NAME ROGER J. Gray	14. MOTHER'S MAIDEN NAME Catherine Fuss
(Yes, no or unknown) (If yes, give war or dates of service)	Roger J. Gray Thurmont, Md. RD 1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NOT} \) NO \(\text{T} \)
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Part II af item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Not while at wark at wark	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I attended the deceased fram In an I alive an In au 19 , 19 59, and that death SIGNATURE PHYSICIAN'S NAME (Type) Tames K. Gray	h accurred at 210 M, Fram the causes and an the date stated above ADDRESS (Street, city or tawn, state) M.D. Thurmbert
220. BURIAL, CREMATION, 5-22-59 22c. NAME OF CEMETERY COUNTY TO STATE THEREOF United Bret	OR CREMATORY Cem. 22d. LOCATION (City, town, or county) (State) Thurmont, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RAYMOND E Creager Thurnont, Md	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAY 2 2 159 Outling S. Kraus

may be retained by

VS A1S (4) 1SM 9/SB

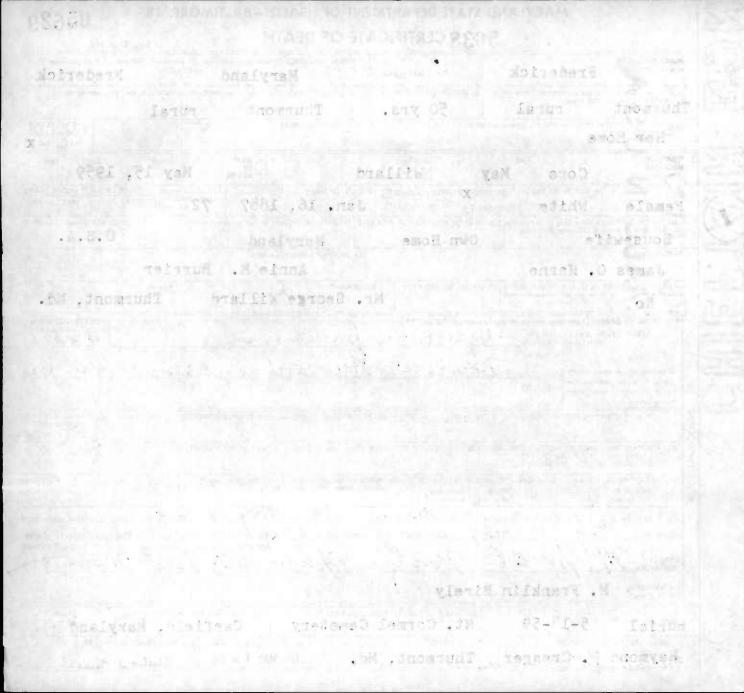
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5638 CERTIFICATE OF DEATH

Reg. Dist. No.

05629

1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WO. STATE			lence before admission) Frederick
b. CITY OR TOWN (I RURAL ond give no Thurmont	If outside corporate limits, wrecarest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		s, write RURAL on	d give nearest town)
	TAL (If not in hospital, give st	, , , , , , , , , , , , , , , , , , , ,	d. STREET ADDRESS	OH C	urar	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Cora First	ay Wills	Lost	4. DATE OF DEATH	May 15,	1959 Year
s. sex Female		MARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH Jan. 16, 3	1887 9. AGE	(In yeors irthdoy) Manths	ER 1 YEAR IF UNDER 24 HR
Housewi	king life, even if retired)	10b. KIND OF BUSINESS OR IND	Maryl	and	12.C	U.S.A.
13. FATHER'S NAME James	0. Harne		14. MOTHER'S MAIDEN		rrier	
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Mr. George	Willard	Address Thur	mont, Md.
Conditions, if o gave rise to i cause (a), stoling lying cause last. PART II. OTH	mmediate the under- (c)	2 Herrio scler	offic Care	liae de	Slase ITION GIVEN IN P.	PERFORMED?
PART II. OTH	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in	Port I or Port II of ite	em 18.)	YES NO
20c. TIME OF INJUR Hour a. m. p. m.	, w		PLACE OF INJURY (Hame, far foctory, street, office bldg., et)	(County) (Stot
alive an		Birely 22c. NAME OF CEMETERY	M.D. Jhur		uses and an t	May 15, 195
BUTTAL (Specify) 23. FUNERAL DIRECTOR	7 77	Mt. Carmel			eld, Ma	
	E'. Creager	Thurmont.		WAY 1 9 '59	Catl a	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05630

Reg. Dist. No.

-												
) [1.	PLACE OF DEATH o. COUNTY Fre	ederick		MAI	RYLAND	o. STATE Mar	E (Where deco	b. COUI	NITY -	dence bef		sian)
	b. CITY OR TOWN (I and give necrest lower Frederick		RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside co	rporate limits, wr	ite RURAL a	nd give n	earest tov	rn)
		AL OR INSTITUTION (Memorial 1			ess)	d. STREET ADDRES		Seventh S	Street		ON	SIDENCE A FARM? NO X
3.	NAME OF -DECEASED (Type or print)	Fir CHA	RLES	Middle ATLEE		WOLFE	4. DATE OF DEATH		inth [av	Day 29		9 59
5.	Male	6. COLOR OR RACE White		Separoate		16 Aug 19	35	9. AGE (In years lost birthday) 23 yr	Months	R TYEAR Days	IF UNDE Hours	R 24 HRS. Min.
1	Laborer	ON (Give kind of working life, even if retired)		ent Block	Plan	Penns	ote or foreign ylvania	•		USA	F WHAT (COUNTRY
1"	3. FATHER'S NAME	Wales				14. MOTHER'S MAIDE						
1:	Charles T	ER IN U. S. ARMED FO	RCFS2 14 9	SOCIAL SECURITY NO	17 8946	Mary De:	rr	Addre				
(n	Yes	Ilf yes, give wor or dotes of Korean Con:	service)	214-32-2	-	Mrs. Mary	H. Mor		me as	ite	m #2))
,	S 2 3 X Conditions, if a gave rise to immedial, stating the cause last.	diate cause underlying (c)	Rup			er + Sp				Inc.	vice	
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION C	GIVEN IN PA		9. WAS A PERFOR	NO [
		USE WAS NTRIBUTING 20	Lito	Struck .	-18.	er noture of injury in	Part I ar Port I	1 +				
MEDICAL		5/29 19	59 While at wor	Not while □	Cherry	OF INJURY (Hame for street, affice bldg. security for k	etc.) 7 E	1 5	Jose 2	cok	n	(Stote)
		not I took chorge from: Natural		_		e, held an Auto de 🔲, Homici		nspection [] Indetermined	-	iry 🔼	, ond f	ind that
	ACTUAL SIGNATURE	Boohor	nas		- 2	M.D. CHIEF MEDICAL					DATE SI	GNED
L	EXAMINER'S NAME (Type)	B. O. Thoma	as, M.	D.		DEPUTY MEDICA				30 1	May 1	959
22	Ro. BURIAL, CREMATIC REMOVAL (Specify) Burial	6-3-59	F	Mount Old				ATION (City, town			(State)
23	M. R. Etc	's signature hison & Sor	ı, Fre	ADDRESS		24g, RI	JUN 3		GISTRAR'S S Carthur	IGNATUR		

VS. A15ME(5) 5M 9/55

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CEDTIFICATE OF DEATH

		901	LI - CEKTIFIC	-	E OF DEATI			Reg. D	ist. No		
1. PLACE OF DEATH	Frederick		MARYLANI		usual residence (W o. STATE Marylan		l lived. If instituti b. COUNTY		nce befo		sion)
B. CITY OR TOWN RURAL and give Freder		ts, write	over 50 yrs.		c. CITY OR TOWN (IF		rate limits, write R	URAL and	give ne	arest tawr	2)
d. NAME OF HOSP OR INSTITUTION			oddress)	1	d. STREET ADDRESS		ket Stre	et		-	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Effie		Middle Y	ing	tost Ling	4. DATE OF DEATH	May		Do	·	Yeor 1959
5. SEX Female	White	WIDOW		13.5	8-17-1873		9. AGE (In years last birthday) 85 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
Housewill	ION (Give kind of wark or rking life, even if retired)	ione 10b.	KIND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (Stote Maryland	ar foreign co	iuntry)	12. CI	U.S.		COUNTRY
13. FATHER'S NAME				1.	4. MOTHER'S MAIDEN	NAME				70	
	ome Breighne				Laura A	lice *	2* Walt	Z			
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	. INFO	RMANT		Add	ress			
No		2	214-36-2152	Ralr	h Yingling	- Rt.	5- Frede	rick-	Md.		
PART I. DE	the under DUE TO	, Ce	re for (o), (b), and (c).	-li	mbosi	5			INT ON:	ERVAL BE	DEATH .
CAT	- 10	DITIONS C	CRIBE HOW INJURY OCCUR					/EN IN PAI	RT 1(a) 1	PERFO	AUTOPSY DRMED?
_	IRY Month, Day, Yea	r 20d. It While at warl	Nat while	PLACE foctory	OF INJURY (Home, farm, street, affice bldg., etc	n, 20f. (City	or tawn)	((Caunly)		(State)
21. I certify to alive an	hat I attended the nay 25 Bernard	decease 125	I and that dea	th oc _M.D.	curred at 8 Pal	ADDRESS (SH		and an i	the da	te state	decease ed above ATE SIGNE
22a. BURIAL, CREMATI REMOVAL (Specifi Entombment	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY Frederick Me			22d. LOCAT	ION (City, town, of	or caunty)	Marv	(Slot	•
23. FUNERAL DIRECTO			ADDRESS Lick			D BY REGIST	RAR 24b. REGIS		GNATU	RE	

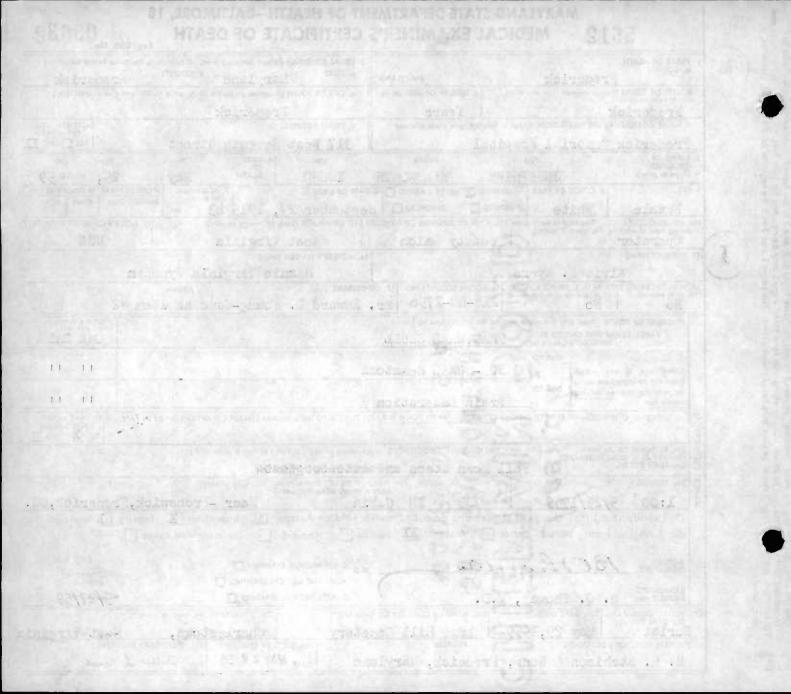
eral directar, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be do defer use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauthe registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe	pencil i	w guola	burial-t
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5612 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN |If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS 069 ON A FARM? Memorial Hospital YES NO TO 317 West Seventh Street NAME OF First Middle 4. DATE Day Year DECEASED (Type or print) DEATH JOSEPHINE ELLSWORTH YOUNG May 19 59 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS. lest birthday! Months Days Hours WIDOWED | Female White DIVORCED T September 27, 1915 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Beauty Salon West Virginia USA Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nannie Virginia Wyndham Alvie E. Myers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No No Mr. Edward L. Young-Same as Item #2 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: FRACTURED SKULL ONE DAY IMMEDIATE CAUSE (a) **DUE TO** 1.1 1.1 SUB-DURAL Hematoma Conditions, if any, which) gave rise ta Immediate cause DUE TO (a), stoting the underlying 11 1.1 Brain Laceration couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES A NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH. Fall Down Steps and x a to x a 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not white 1:00 p. m.5/25/1959 19 at work ot work Cabin Near -Brunswick.Frederick.Md. 21. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X and find that deoth resulted from: Notural couses , Accident Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER remayal DEPUTY MEDICAL EXAMINER Y NAME (Type) B. O. Thomas. M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) May 29,1959 Charlestown. Burial Edge Hill Cemetery West Virginia 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE MAY 2 8 '59 M. R. Etchison & Son , Fredeick, Maryland arily & Kraus 5M 9/55



15M 9/5B

	MARYLAND	STATE DEPARTM	ENT OF HEALT						
	5639 CERTIFICATE OF DEA								
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE						
b. CITY OR TOWN PURAL ord give Lantz	(If outside corporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16 10 yrs.	c. CITY OR TOWN (I						
d. NAME OF HOSP OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRES								
3. NAME OF DECEASED (Type or print)	First Mayne	A. Zelle	Lost						
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	Sept. 9,						
A Housewi	ION (Give kind of work done 10b.	NIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIG						
13. FATHER'S NAME W1111am	Ritzmann		Joha						

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

Doy. Year

22b. DATE THEREOF

DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

16. SOCIAL SECURITY NO.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Canditions, if ony, which

gave rise to immediate

cause (o), stating the under-

20c. TIME OF INJURY Month,

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying couse last

Hour 0 m

alive an

ACTUAL PHYSICIAN'S

NAME (Type) 22a. BURIAL, CREMATION.

23. FUNERAL DIRECTOR'S SIGNATUR

Raymond

No

CERTIFICATION

MEDICAL

05633

H-BALTIMORE, 18 Reg. Dist. No. Where deceased lived. If institution: Residence before admission) b. COUNTY vland Frederock fautside carporote limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOTE 4. DATE Month Day Year May 12 DEATH FUNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 5 rthday) 1883 Manths Days 12. CITIZEN OF WHAT COUNTRY? te ar foreign country) U.S.A. cago NAME Mammann Johanna INFORMANT Address Fred W. Zeller Lantz, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 20f. (City or town) (County) (Stote) Zithat I last saw the deceased LEM, fram the causes and an the date stated above.

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) Nat while of wark of work 21. I certify that I attended the deceased fram that death accurred at Harry H. Youngs 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Ridge Cemetery Thurmont, Maryland 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR Thurmont. Md. Orthur S. Kraus DATE MAY 1 8 '59

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Lous avire Sert. 9. 1813 '5

Housawire Own Home Chicago U.S.A.

William Aitzmann Johanna Hammann

Johanna Dantz, Md.

Tours Herry H. Youngs, Jr.

Buttal 5-15-59 Blow Ridge Cometery Thurmont, Maryland

ARYLAND	STATE	DEPA	RTMENT	OF HEALT	H-BALTIMORE,	18
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640	CERTIFICATE O	DEATH

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2048	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Thederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY There is the state of the state
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necessat lown) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GERTRUDE LILLY MAY Z	Lost 4. DATE Month Day Year OF DEATH MAY 26 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Scalus 1875 83 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INE during most of working life, even if retired) own home	maryland u.S.A.
Samuel Bamsburg	Larah aun Creager
Yes, no, or unknown) If yes, give wor or dotes of service) 2 5-10-24947	Mr. Ralph 19. Zienneren au. Walkersnille.
18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which) (b)	Arombosi Interval Between ONSET and DEATH About
gave rise to immediate cause (a), stoting the <u>under-lying cause lost.</u> DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTIN	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \subseteq \subseteq \text{NO} \subseteq \text{VES} \(\subseteq \subseteq \text{NO} \subseteq \subseteq \text{VES} \)
	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not while at work at wark	PLACE OF INJURY IHome, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
11 \1.	th occurred at 5 30 pM, from the causes and an the date stated above DATE SIGNED M.D. Walhumell M.A. 28 Maca 5
PHYSICIAN'S JAMES E. STONER, J	IR.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BURIAL (Specify) 5/29/59 7rt Hope	Cemetery Woodsboro md.
23. FUNERAL DIRECTOR'S SIGNATURE / ADDRÉSS / WOLKERSVILLE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE ILIN 1 159 Only & Hour

VS A15 (4) 15M 9/55

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